P. Carrier Co. - Mile addressed to the contract of the TO THE STREET Willes America The greatest of the section of the true the second and the second stelett, etalet, litterate sitti The S. W. Mines Co. Weshington, D. V.

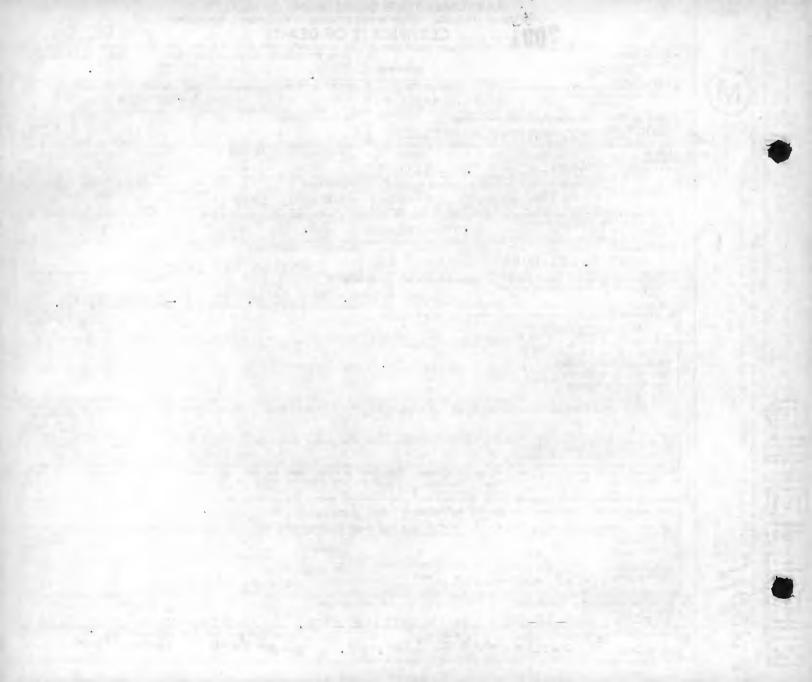


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

		STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
7	091	CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Md.			idence befor Iont.	e admissis	on)
	SF STAY IN 16	c. CITY OR TOWN (IF o		, write RURAL o		rest town))
d. NAME OF HOSPITAL (If not in hospital, give street address) Montgomery General Hospital	tal	d. STREET ADDRESS					DENCE FARM? NO
3. NAME OF DECEASED (Type or print) Adella M	Middle Allnutt	Last	4. DATE OF DEATH	Month Tune	10	y Y	9 60
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER White WIDOWED D	MARRIED TO	June 23,	1878 9. AGE (rthday) Mont	hs Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housey		Md.	or foreign country)	12.	CITIZEN OF		DUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
Aden D. Allnutt		Marth	na Virgin	ia Duv	ali		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO. 17, IN	FORMANT	121	Address			
(Yes, no, or unknown) (If yes, give wor or dates of service) NC	one M	rs. Mollie	M. Child	s-Derw	nood.	Ma.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ACCOUNT WAS AND FRANCE OF THE COURT HOW IN	ie se	ey a cardil	3	TION GIVEN IN	1.	PERFO	AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH 200. DESCRIBE HOW IN	IJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	m 18.)			
20c. TIME OF INJURY Month, Boy, Year 20d, INJURY OCCUR Hour a. m. p. m. 19 While Nat while at wark	I.	ACE OF INJURY (Home, farn crary, street, office bldg., etc			(County)		(State)
21. I certify that (1) (this hospital) attended the dec saw the deceased alive an fully 14 19 60 220. SIGNATURE 22. PHYSICIAN'S	ond that a	M.D. PHYS. D	M, from the cal	uses and an	the date	stated	abave. DATE SIGNED
NAME (Type) A.D. 130 NIFANO	OF CEMETERY O		23d. LOCATION (Cit			(State	9)
REMOVAL (Specify)		le Meth.	Layton		38.2	(0.010	-1
2) FUNERAL DIRECTOR'S SIGNATURE Laytons	5	250. REC	D BY REGISTRAR IN 1 4 '60'	Sb. REGISTRAR"	s signatur	RE	

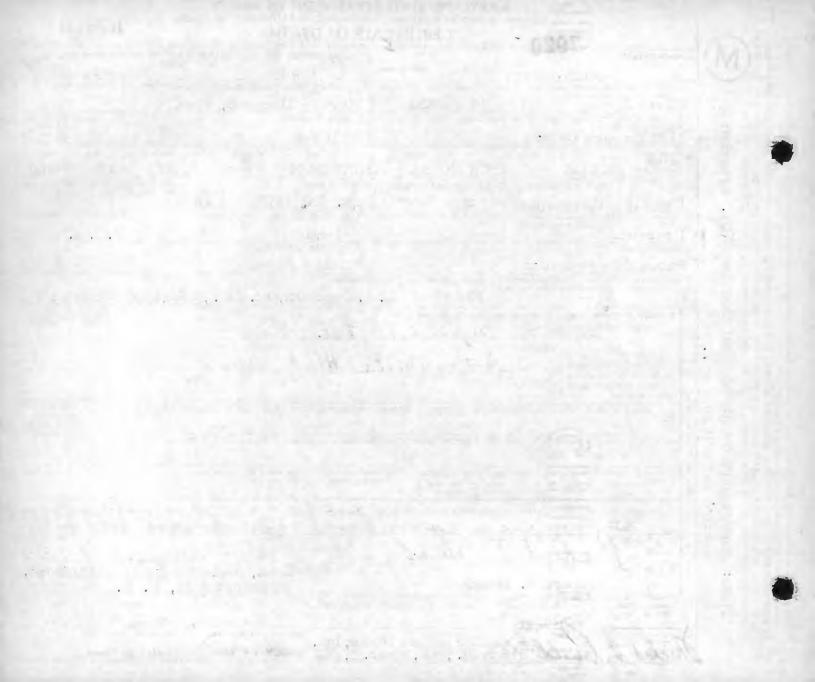


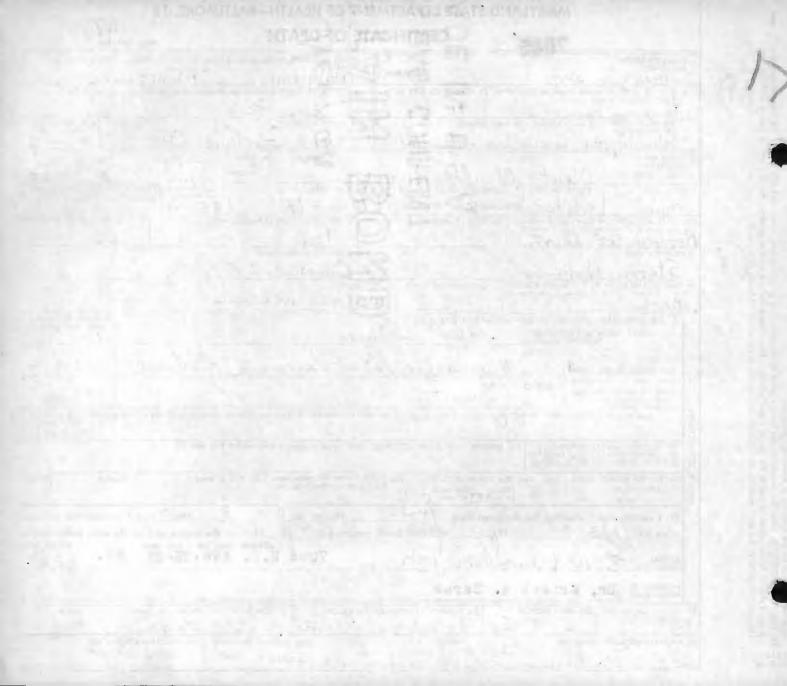
Note: Montgomery County Medical Examiner (pr. Broschart)

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	DESEADOL	AND DECODED B	ALTIMODE 1 MAN

DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH

	_	7090 Iton	a Q halimlyon h				
)	1. F	LACE OF DEATH		2. USUAL RESIDENCE (V		Finstitution: Residence	e before admission)
		Montgomery	MARYLAND	Iowa		Winr	nescheik
	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits	, write RURAL and g	ive nearest town)
	5	RURAL and give nearest town) Silver Spring	8 months	Rural - De	corah, Iow	va ,	53X-3
		NAME OF HOSPITAL (If not in haspital, give street of NR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
X	2	208 Osborn Drive		RFD # 4			YES NO
		NAME OF First	Middle	Last	4. DATE	Month	Day Year
		Type or print) ELLA GE	ERTRUDE AM	MUNDSON	OF DEATH J	UNE	11 1960
	5. 5	EX 6. COLOR OR RACE 7. MARR	TED NEVER MARRIED	. DATE OF BIRTH	9. AGE	44.51	YEAR IF UNDER 24 HRS.
	I	Temale Caucasian WIDOWE	DIVORCED S	ept. 13, 18		64 yrs. Months	Days Hours Min.
-	10a	USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if retired)		TRY 11. BIRTHPLACE (Stal	e or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
T	1	Housewife -	Olas Company	Iowa		U	. S. A.
A		FATHER'S NAME	1 1 1 1 1 1	14. MOTHER'S MAIDEN	NAME		
-	I	Peter Olie Helgeson		Nellie Ba	gne		
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	6	Address	
	(Yes	, no, or unknown) (If yes, give war or dates of service)	None E. I	Overholt,	Lt. Col. II	SA(MC)	Same as # 1
		18. CAUSE OF DEATH Enter only one couse per tin		-, -, -, -, -, -, -, -, -, -, -, -, -, -	2	524/4420)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	M / /	T F. +			ONSET AND DEATH
		IMMEDIATE CAUSE (o)	Hyp cordial	LAIGTE	57		
:		H20. O DUE TO	4- 1 1	11- L	179		
4		Conditions, if ony, which by (b)	+ Teriosciero Ti	e Heart	Disease		
0		couse (a), stoting the under-					
pr	_	lying couse last.) (c)					
a p	0	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	TION GIVEN IN PART	PERFORMED?
=	ICATI	V			Person who are the second		YES NO
M	CERTIFI	206. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 20b. DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRED	. (Enter nature of injury i	a Part I ar Part II of iter	m 18.)	
D	WEDICAL			CE OF INJURY (Home, for		(C	ounty) (State)
3	WED	Hour o. m. While of worl	lidt wille	ory, street, office bldg., e	TC.)		
ed	7	21. I certify that (I) (this haspital) oftend	lad the deserred from	Vines 9-1	9 60 to Ve	ne. 11 201-	O that (I) (we) lost
Ĭ		0	/	7	500		
3		sow the deceased alive on Julius 1	19 and that d	eorn occurred of	, wi, from the col	uses ond on the	dote stated obove.
D I	П	Phichard I	Dench ,	A.D. PHYS.	MED. STAFF	0 Vine	, / SIGNED
		22c. PHYSICIAN'S	Ť	22d. ADDRESS Sta	aff. Walter	Reed Ger	neral Hosp.
		NAME (Type) Richard L. Her	ich		shington 1		
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (Cit		(Stote)
		Burial 6/16/60			Decorah.	Iowa	
	24		di Funeral Hor	25a. RE	C'D BY REGISTRAR 2	So, REGISTRAR'S SIG	NATURE
	11	ricked L. Linds 816 H	St. NE Wash	. 2. DC DATE	N 1 4 '60	arthur & +	Traus
6			- 4 1 - 1 - 4 - 311				





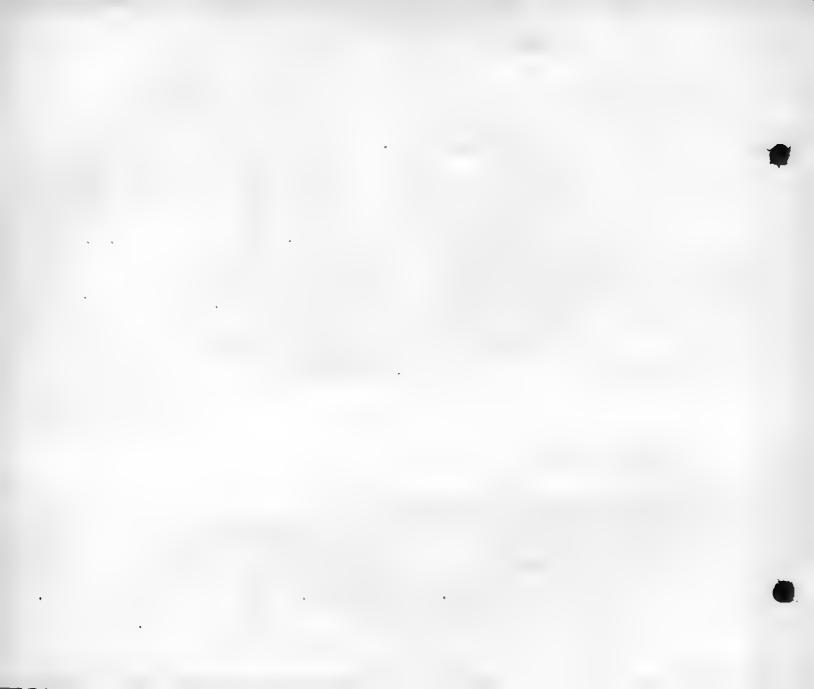
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7099

		- 00										
1	PLACE OF DEATH COUNTY Montgomer	V		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Virginia	ere decease	d lived. If institute b. COUNTY North				ion)
仁	6 CITY OR TOWN (I	f outside carparate limi	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (IF o	utside corpo					}
	Bethesda.	arest fown)		10 days		Reedville				83	X	
	d NAME OF HOSPIT	AL (If not in hospital, g	ive street	1 0 0000		d. STREET ADDRESS				-	e S RES	DENCE FARM?
	OR INSTITUTION	and Combine	Dad	ba = d = 71. N	7.3	Dan 1.1						FARM?
=	The Clini		2	thesda lu. N	410 -	Box 1/4	14 04-					
٦	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF DEATH	Mon	191	Da	_	rear .
-	(Type or print)	Lenor		Edward		Balderson	DEATH		ne] (19 60 R 24 HRS
5	SEX	6 COLOR OR RACE	7- MAR	RIED NEVER MARRIE	-	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		Hours	Min
	Female	White	WIDOW		_	August 22,	1904	55 yrs.]I			
10	a. USUAL OCCUPATIO	ON (Give kind of work a ling life, even if retired	dane 10b.	. KIND OF BUSINESS O	RINDU	STRY 11 BIRTHPLACE (Slote	or foreign c	ountry)	12 CI1	TIZEN OF	WHATC	OUNTRY?
	Registore	d Hurse	·	Nursing		Virginia	a.		Į	J. S.	. A.	
13	FATHER'S NAME	1.00				14 MOTHER'S MAIDEN N	IAME					
П	Lemuel Ed	wards Megil	11			Mary Page						
		R IN U.S. ARMED FOR		. SOCIAL SECURITY NO.	. 17. II	NFORMANT The Med:	ical H	Record Add	ress			
Д,	NO NO	(If yes, give wat or dates of s	ervice,	None	Th	e Clinical Cer			71.	Mana	el anc	1
	TIR. CAUSE OF DEA	ITH [Enter only one co	use per l	ine far (a), (b), and (c)				_		INTE	ERVAL BE	TWEEN
		THE WAS CALISED BY			•	A		lu	lam."		ET AND	
	1700	DUE TO	-	tr remorror		and chronic al		4	gnt	1	donth	<u>15</u>
	1/1/4	A.				cht pleura, an	_					
	Conditions, Tra-	mmediate		seminated m	icta	static carcino	oma, r			- j	1cntl	15
	couse (a), stoting	The under-						left br	east			
-	lying couse lost.	, (c	1 Hea	led bilater		mastectomy_sc:		r carcin			O Ye	
CERTIFICATION	PART II. OTF	HER SIGNIFICANT CON	D HONS	CONTRIBLTING TO DEA	XTH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	KI (0) I	PERFO	RMED?
N.	Bilatera	l_ovariecto	my,	hysterecton	y ,	and pituitary	stall	section	-1 ye	ar	YES 📆	-NO [
E S	OR CONTRIBUTING	S UNDERLYING A	20b. DES	SCRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in I	Part I or Por	tt II of item 18.)				
		MEDICAL EXAMINER	,				r					
MEDICAL	20c TIME OF INJUR	Y Manth, Day, Ye	or 20d. While	NJURY OCCURRED	20e. Pl	ACE OF INJURY (Home, farm ctary, street, affice bldg, etc.	20f. (Cit)	y or town)		(County)		(State)
12	p. m.	19		ork ol work								
	21 I certify the	it (1) (this haspital	l) atten	ded the deceased	fram	June 8 19	_60.ta_	June 18	196	50. th	at (I) I	we) last
		ed alife an Ju				death accurred a R:11						
	220 SIGNATURE	1		/	11101	30411 03051100 012332	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110 1100100 411				b DATE
	Ha	MAChin	ZLO	5		M D PHYS DI	ED RECTOR []	STAFF PHYS (X)			_	TIGNED
	22c PHYSICIAN'S	7		<u> </u>		22d. ADDRESS The		nical Cen	ton	Mati	1000	TAME
	NAME (Type)	PANT. J. SC	HWAR	MD					15			L .r.3
2	RUPLAL CPEMATIC	IN. 230 DATE THEREO		23c NAME OF CEMI	FTERV	Institutes		TION (City, lown,			(Stat	*\
,	REMOVAL (Specify)	6/24	160	m 6	34 0	·É	De	lasi	ili	£	Fam. 3	a-
24	FUNERAL DIRECTOR	S SIGNATURE	, 1	ADDRESS	-	4 Sf / 1759 REC"	D BY REGIS	TRAR 256 REGI	STRAR'S S	IGNATU	RE	
6	1 Dista	neralf	70%	me 37%		1 DATE JU	N 22'E	30				
				1217	al al al	7 -			thurst and	Trace	wil.	



1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Montgomery **b** COUNTY Maryland . MARYLAND Montgomery b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Chevy Chase Chevy Chase d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? OR INSTITUTION 4800 Montgomery Avenue YES TO NO A 1800 Montgomery Avenue NAME OF DECEASED Middle 4. DATE Month Elizabeth 28, Channell Barker DEATH 1960 June (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE {In years 7 MARRIED TO NEVER MARRIED 178 birthday) Days DIVORCED | WIDOWED [7] female 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hous ewife New Jersev U.S A. 13. FATHER'S NAME Sophia Somers John Channell 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. Address Wash . DC Betty Barker Reed- 6674 32nd Street. N. W no no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] ONSET AND DEATH PART : DEATH WAS CAUSED BY-IMMEDIATE CAUSE (c) now DUE TO Conditions, if only, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART ILLOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CINDMA YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, farm, Doy, Year 20d. NJURY OCCURRED 20f (City or town) (State) (County) factory, street, office bldg., etc.) Not while at work 🔲 at work p. m. 21. I certify that (I) (this haspital) attended the deceased fram VAN. 30 1959, to UVN 1 2 %, 19 (e a that (1) (we) last saw the deceased alive an 1200 - 125 1960, and that death accurred at 27M, from the causes and an the date stated above 220 SIGNATURE SIGNED MED DIRECTOR 22c PHYSICIAN 22d ADDRESS NAME (Type Robert G. Angle 5009 Del Ray Avenue, Bethesda, Md. 23d. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) Cedar Hill Cemetery Prince Georges County. Md. 256 REGISTRAR'S SIGNATURE The S .H. Hines Co. -2901 250. REC'D BY REGISTRAR DATEJUN 2 9 '60 arthur & Three Washington, D.C.

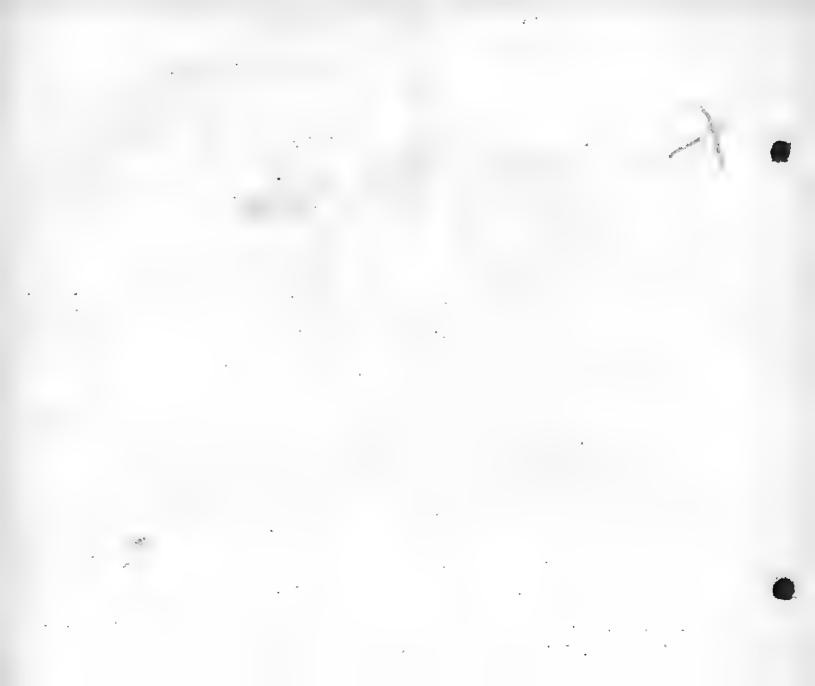
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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CIY OR TOWN of outside com c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give numest town) & NAME OF HOSPITAL O Boar f eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3 NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) IN YOUR | IF UNDER I YEAR B. DATE OF IF UNDER 24 HRS 7. MARRIED NEVER MARRIED thdey) Months WIDOWED [DIVORCED UAL OCCUPATION [Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME pages 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown) | (If yes give wer or detash service) 16. SOCIAL SECURITY NO. 17. INFORMANT Office along with burial-transit perm 18/ CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) DUETO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:8) 19, WAS AUTOPSY PERFORMED? 2 NO K PIno 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing the should be forwarded to the Chief M FUNERAL DIRECTOR: Page 3 sh burial 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion Natural causes 1/ Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 22d. LOCATION (City, lown, or country) 226. BURIAL, CREMATION. (Stotu) Q40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Orthur S. Kraus





HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission o COUNTY o STATE **b** COUNTY MARYLAND eral b. CITY OR TOWN (Moutside corporate limits, write c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give hearest town) RURAL and give nearest town) 60 mm (If not in hospito, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO NO NAME OF Middle. 4. DATE Month Yeor eq DECEASED (Type or print) DEATH 1960 S. SEX 7. MARRIED NEVER MARRIED 7 IF UNDER 1 YEAR IF UNDER 24 HRS E (In years birthdoy) Months Dovs WIDOWED [7 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ret red) Schoo 13 FATHER'S NAME Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse ost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) 20d INJURY OCCURRED Not while (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While ot work of work p. m. 2) I certify that I attended the deceased fram 1950 to 6-13 1960 that I last saw the deceased 19 60, and that death occurred at 3:50 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATURE. PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND Items 8.9 Filmb269 6-2. USUAL RESIDENCE [Whare daceased lived, If institution; Residence before admission] FACTH DEPT. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY lles MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN if outs de corporete limits, write RURAL end give nearest town. d. NAME OF HOSPITAL OR INST RELWY I YES NO P 3. NAME OF DECEASED (Type or print) AGE IL Years I IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED last by bday) Months! Days 106. KIND OF BUSINESS OR INDUSTRA 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORM (Yes, no, or unkown) ! (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Budd IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to Immediate cause DUE TO (a), slating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Month, Day, Year 20c. TIME OF INJURY , 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, , 20f. (City or lown) (County) factory, streat, office bldg., etc.) While Not While at work at work Inquiry Y and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Strea, city, lown, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) <u> 7</u>40 Silver Spring Mary Land 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I VS. A15ME Bethesda, Maryland Robert A. Pumphrey Orthur & Kinus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND TO THE CORD DEATH

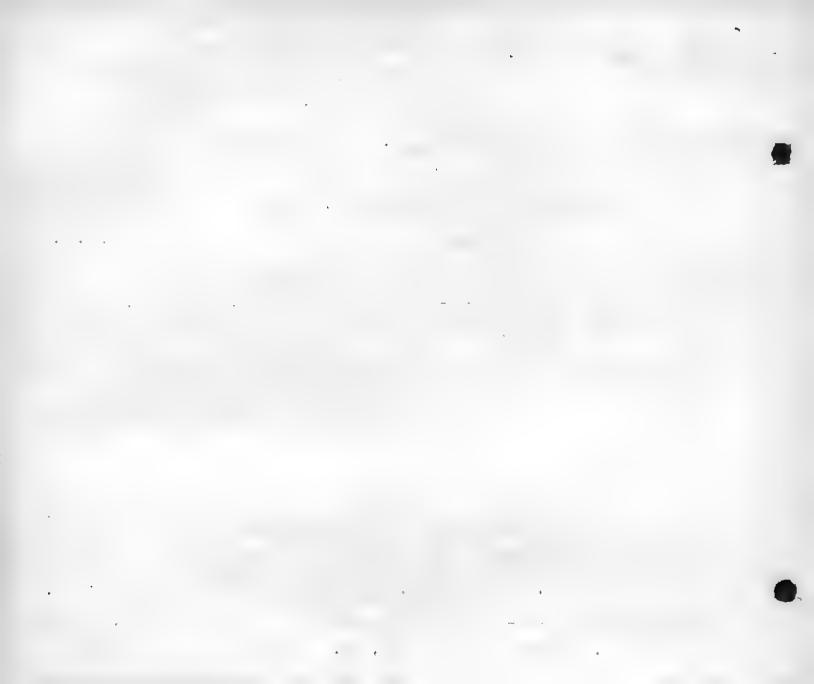
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/I). <u>į</u>	PLACE OF DEATH COUNTY Montgomery				MARYLAN		USUAL RESIDI o. STATE Florid		here decease	b. CO		n Reside			ision]
		CITY OR TOWN (IF	outside corporate limi	ts, write		OF STAY IN	lb	c. CITY OR TO		autside corpo	orote limits, w	rite RU	JRAL ond	give nea	rest tow	(n)
, D		Bethesda d. NAME OF HOSPITA	AL (If not in hospital, g	jive street (days		Sevill d. STREET AD					-4	-X X		SIDENCE
7		or institution The Clinic	al Center.	Beth	nesda	1), Md		No str	eet	addres	SS					A FARM?
		NAME OF DECEASED	Fir			Middle		Last		4. DATE OF		Mont		Do	y	Yeor
	5 5	(Type or print)	6. COLOR OR RACE	lie 7. MARR	IED ET NEV	Viola ER MARRIED [7 8 D	Benne ATE OF BIRTH	tt_	DEATH	9. AGE (n	June		I YEAR	IF UND	1960 DER 24 HRS
		Female	White	WIDOWE		DIVORCED		March 2	7. 1	902	lost birth		Months	Days	Hours	
		USUAL OCCUPAT O		done 10b	KIND OF BI	USINESS OR IN					country)		12. CI	12 EN OF	WHAT	COUNTRY
		Housewife			Vone		т.	Flor						U. S	i . A	
	13.	FATHER'S NAME	_ *				14	I. MOTHER'S A								
)		Edward Ros	IN U. S. ARMED FOR		SOCIAL SEC	URITY NO. 1	7, INFOR	Surena MANT The			Popond	Addre	013			
	Yes	No vinknown) I	f yes, give wor or dates of s		53-48-			Clinica				rda.	7/1:	Mars	rl an	d
			TH [Enter only one co	use per lir	ne for (o), (b									LINTE	RVAL B	ETWEEN D DEATH
		PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	1	menar	y embol	us				-			1	hou	ır
		Conditions, if on	DUE TO		- 0 1232	ative_s	++++	c. Tot	7 5	olata	ovente	- mo t	ion	8	2 3 2	750
		gove rise to in couse (a), stating t	mediote (,	0.761	00176		17 1 LU'		GTATC	exente	rat	21011		da;	<u>ys</u>
	_	lying couse last) (c	/		d carci								11	ye.	
d	CERTIFICATION	PART IF OTH	er significant con	DITIONS C	ONTRIBUTE	NG TO DEATH	BUT NOT	RELATED TO	HE TERM	AINAL O SEAS	SE CONDITIO	N GIVI	EN IN PA	RT 1(o) 1	9 WAS PERFO YES	AUTOPSY ORMED?
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206. DES	CRIBE HOW	INJURY OCCU	RRED (E	nter noture of	injury in	Port I or Po	rt II of item 1	8.)				
	MEDICAL	20c. TIME OF INJURY Hour o. m p. m.	Month, Doy, Ye	or 20d. It While of wor	NOT WELL BY OCCU	hile	PLACE foctory,	OF INJURY (H , street, office	ome, fore	m, 20f. (Cit	y or town)			(County)		(Stote)
			(I) (this bospitaled alive on Jur	·		eceosed fro		E2				- 0			7 1	
		220 SIGNATURE	1 Duch	Alexander for	0 0	R PA	or deal				THE COUSE	22 (1)(u un m	e dole		
		COLOURA 22c PHYSICIAN'S	DINDE	Lal	ill	w	M.D	ATTENDING PHYS	_ D	AED DIRECTOR [STAFF	}		5/		26. DATE SIGNED
		NAME (Type)	dward D. N	Clary	aldin,	N.D.		22d ADDRES			ical Co		pr.			f. 7
	230	BUR AL CREMATION	N. 236. DATE THEREC			E OF CEMETER	Y OR CR		<u> </u>		TION (City 1	_			(Sto	
	Βυ	REMOVA. (Spec fy)	nsit 6-1	9-60		ville (usia					_ *
	24	ROBERT A	SIGNATURE PUMPHR	EY	ADDR Be	ethesd	a. N	/d.		D BY REGIS			TRAR'S S	. 10		

shauld be filed with 75 ofter death. Page 4 may be wined by the haspital or attenting physician.

TO FUNERAL DIRECTOR. After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death OR ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 TO HOST

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67969

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Silver Spring e. IS RESIDENCE ON A FARM? 2809 Dennis Ave. YES NO I 4. DATE Month DEATH 19 66 9. AGE (In years last, birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Washington. Bremerman Alice L.W. Address biggs, Jr. same as INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES I NO I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 1960, that I last saw the deceased _M, from the causes and on the date stated above. **DATE SIGNED** 22c. NAME OF CEMETERY OR CREMATORY
Rock Creek Cemetery 22d, LOCATION (City, lown, or county) Washington, D. 2901 ADDRESTH St. 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Washington. arthur & Kraus

DATE ALIN

13 '60

VS A15 (4) 15M 9/58

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

4

a to accomp

requires that the



St. Raymonds Cemetery

Bethesda, Maryland

24g. REC'D BY REGISTRAR

ADDRESS

Bronx_County,_New_York

arthur & Krous

24b. REGISTRAR'S SIGNATURE

6/

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

o VS A15 (4) 15M 9/58

ofter death. Page

PHYSICIAN: The low requires that the death certificate be executed within 2.



VR A15 (4) 1SM 9/59

MARYLAND	STATE	DEP	ARTMEN'	TOF	HEA	LTH
ON OF STATISTICAL	RESEARCH	AND	RECORDS	RAITIA	LOPE 1	AA A P

CERTIFICATE OF DEATH

1. PLACE OF DEATH	lontgomery		MARYLAND	2. USUAL RESIDENCE (WI 0. STATE Mary	land	b COUNTY		efore admiss	
b. CITY OR TOWN (RURAL and give n Silver	th outside corporate limits, egrest town) Spring	, write	c LENGTH OF STAY IN 16	*c. CITY OR TOWN (IF		rote limits, write f	RURAL and give	nearest town)
d. NAME OF HOSPI' OR INSTITUTION 2202 Da	TAL (If not in hospital, giver row Street	et	ddress)	/ d. STREET ADDRESS 2202 Darr	ow St	reet			IDENCE FARM? NO D
3 NAME OF DECEASED (Type or print)	Maurice		Elmer'	Borefi	4. DATE OF DEATH	June	5 ,	,	Yedr 19 60
s. sex male	White	WIDOWED		12/23/1903		9. AGE (In years lost bighday) 56 yrs	Months Doy		Min
rersona	ON (Give kind of work do king tife, even if retired) 1. Dept.	WO	Dept Store odward & Lo	throp Hour	asna	ountry)		S.A.	OUNTRY?
Mauric	e Elmer Bo	oren		14 MOTHER'S MAIDEN I					
15 WAS DECEASED EVE Yes, no or unknown)	ER IN J. S. ARMED FORCE (If yes, give war or dates of sen	VICE -	0CIAL SECURITY NO. 17 1 6-18-6091	Mary Margar		ren	les 2202 Da Silver	arrow	St.
Conditions, if of gove rise to it couse (a), stating lying couse lost.	The under- DUE TO (c). HER SIGNIFICANT COND	ITIONS <u>CC</u>	COMON		om b			19 WAS	AUTOPSY PRMED?
PART II. OTH	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port i or Port	I II of item 18)		YES 🗍	NO 🅦
-	RY Month, Doy, Year	20d IN White of work	Not while fo	ACE OF INJURY [Hame, forr ctory, street, office bldg., etc		or town)	(Cour	ity}	(Stote)
	ot (1) (this hospital) sed olive on IV ohn Lawre John Lawre		ad the deceased from. 1960, and that a Query Lee Avery	M.D ATTENDING M.D PHYS 22d, ADDRESS		the causes of		ate stated	
230 BURIAL, CREMATIC REMOVAL (Specify	6/8/196		23c NAME OF CEMETERY C	or crematory emetery	Mont	TION (City, town,	County	(Stot	
The S .H.	Hines Co.	-290 Was	1 lith St.		D BY REGIST		ISTRAR'S S GNA Includ 2, 1		

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7007 CERTIFICATE OF DEATH Reg. Dist. No. 070
1	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission
		maryland maryland montuemin
	ı	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
In		Bethesdo - Wampsey
4	1	d NAME OF HOSPITAL (If not in haspital, give street address) OBJINSTITUTION d. STREET ADDRESS ON A FA
-	(Duburban Hospital 1.0.13 YES (194
		NAME OF BOTO CURT WILBURT BOTTES DEATH JUNE 19
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In/yeors FUNDER 1 YEAR IF UNDER 1
		WIDOWED DIVORCED VIS. 7
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU
		- Maryland U.SA.
	13.	FATHER'S MAME 14. Bowles 14. MOTHER'S MAIDENNAME
		velous clyard
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 1. no. or unknown) (If yes, give wor or dates of service)
		no - none believed Bawles (Same as
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWOONSET AND DE
		PART I DEATH WAS CAUSED BY: Mesperatory tarline Solary
		DUE TO
		gove rise to immediate (b) lumaturity + fremalurity
		cause (o), stoting the under DUE TO Ving couse lost.
	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU
14.	CATIO	YES 1
1		
agent, 3	CERTIFI	20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County)
	MEDICAL	Hour o. m. While Not while factory, street, affice bldg., etc.) p. m. 19 of work of work
	~	4/1/2
		21. I certify that I attended the deceased from 97/00, 19, to 97/00, 19, that I last saw the decative on 6/2/04, 19, that I last saw the decative on 6/2/04, from the causes and on the date stated a
		ADDRESS (Street, city or town, stote) DATE S
		SIGNATURE Mucent & Daniel M.D. 8218- Wisionsin are 6/2/60
		PHYSICIAN'S NAME (Type) Vincent L O'Donnell 8218 Wisconsin Ave. Bethesda, 1
	220	BUR AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
		Burial 6/V/60 Arlington National Arlington. Virginia
	23	ADDRESS ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 8 '60 Critical S. Kraus
	110	popert A. Pumphrey Bethesda, Maryland DATE JUN 8 60 Citim I. Thank



7093 CERTIFICATE OF DEATH Rea. Dist. No il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b, CITY OR TOWN (If outside corporate limits, write after death. the funeral shauld be fi c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Washington 3 days Bethesda d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 3817 22nd. St. N.E. 24 Hospital YES NO 🛣 Suburban and Ξ 4. DATE NAME OF First Middle Month filled DECEASED 60 June Bradley DEATH (Type or print) 19 Orville Ch ester law requires that the death certificate be executed within IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years campletely lost birthdoy) Months Dovs Hours 11/18/01 Male White WIDOWED | DIVORCED | popers. 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Glazier U.S.A Cirkle Glass Co. Wash. D.C pup carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Nettie Landon Georg e A. Bradley mave INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address aftending | yes-Unknown M rs. Virginia Bradley Wife Same as Above No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 70 PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO WAS AUTOPSY PEREORMED? NO T 2003. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from March , 19.69that I last saw the deceased , and that death accurred at/2 30 AM, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) 6/13/60 ACTUAL Old Georgetown Rd. Beth. SIGNATURE Mage 3 should PHYSICIAN'S TO FUNERAL NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Rockville, Maryland REMOVAL (Specify) Parklawn Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bethesda, Maryland arthur S. Kines VS A15 (4) Dumphrev. 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7099

		7099) TL	CERTIF	ICA	TE OF DE	ATH				-0.74	115	
1.	PLACE OF DEATH COUNTY Tontgomery	7		MAR	rland .	2 USUAL RESID o. STATE North	- ,		d lived. If instr b. COUN		tesidence befo	ore adm	ssion)
	B. CITY OR TOWN (IF RURAL and give ned Butiles A d NAME OF HOSP TA OR INSTITUTION	oviside corporate limi irest town) L (If nat in haspital, g	ive street a		S	Grand d Street At	Tork:	utside corpo	oroto umits, wri		L ond give ne	e is R	ES DENCE A FARM?
	The Glinic NAME OF DECEASED (Type or print)	Eir	st	Middle	_	Last		4. DATE OF DEATH		Manth	D	oy TES [Year Year
	SEX	6. COLOR OR RACE		ED NEVER MARRI	ED 🔀	B. DATE OF BIRTH			9 AGE (In ye last birthdo		INDER 1 YEA	R IF UN Hour	
100			done 10b I	(IND OF BUSINESS O	OR INDU:		CE (Stote	or foreign c	or ntry)		12.CITIZEN C		COUNTRY?
13.	FATHER'S NAME Pubon Boot	74.	1 1	ire Compan	-	14. MOTHER'S	MAIDEN N	Dako:	L <u>8</u>		U	S-A	•
	Ruben Brat was deceased ever s, no or unknown) Yes		ervice)	social security no		Iva Go	Medi		iccoru	Address bകടപ്	la Ili	12-	rlaL
	PART I. DEAT	H (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO) # . :	Respirator Intracereb	y ár	rest	para .				ON ON		
	gave rise to im cause (a), stoting the tying cause tost.	me drate DUE TO)	Aplastic a	nemi	a						5 mo	nths
CERTIFICATION		ER SIGNIFICANT CON									IN PART 1(a)	PERI	S AUTOPSY FORMED?
	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	AEDICAL EXAMINER)		RIBE HOW INJURY C	,)			
MEDICAL	20c TIME OF INJURY Hour o.m. p. m.	Manth, Day, Yes	While	Nat while of work	20e PL	ACE OF INJURY (It clary, street, office	bldg., etc.	. 20f (Cir.	y or tawn)		(Caunty)	(State)
		(I) (this hospitaled alive on Jur										e state	
	Merman 220 PHYS CIAN'S	R. Lever	X-	»		ATTENDING PHYS 22d ADDRE	D11	RECTOR [staff or	otor	6,	114/	50 SIGNED
230	BUR AL, CREMATION	nan R. Gev	ttz,	M. D.	NETERY O	Mation		on to date		-1100	lth, i	0	ote)
	REMOVAL (Specify) ITIAI - TTA FLAMERAL DIRECTOR'S		5-60	Bethan	y Ce	emetery			nd For		Count		N. D.
24	ROBERT	A. PUMP	HREY	Bethes	da,	Md.		N 2 G			RS SIGNAIL	34.0	

DATE JUN 2 0 '60

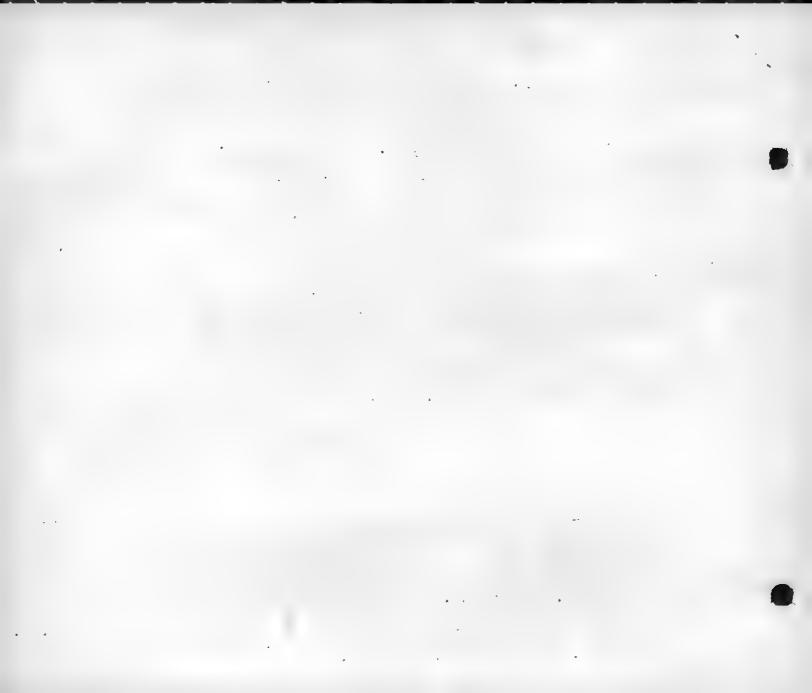
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may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Hearth prior to buriol, cremotian, or removal, and in any event within 22 hours after death. TO HOSP VR A1S (4) 1SM 9/59

ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7100

07016

	1. PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased tived. If institution Residence before admission) a. STATE # h. CONINTY
	7776 17 19 C 211 27 C MARYLAND	Washing to, D. CUNTY
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN () autside corporate limits, write RURAL and give nearest town)
	Wheaton Mid, 6 works	478
1	d. NAME OF HOSPITAL (If not in hospitat, give street address), OR/INSTITUTION	d STREET ADDRESS e. 15 RESIDENCE ON A FARM?
ı	Whenton Hursing Home.	1005 S145 DOD P. 71 & YES NO IX
1	3 NAME OF First / Middle	Last / 4. DATE Month Day Year
	(Type or print) Alle Cecilia Breil	11911 DEATH JULIE 22 1960
1	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Igst birthday) Months Days Hours Min.
1	7e WINITE WIDOWED DIVORCED	Dec. 17, 1890 67 15
١	10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	mr.	washington R.C. 4.3-a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Patrick Brennen	Mary Murray
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 III	NFORMANT Address
	No now h	Tay (womey - 1005 a signlewith)
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN IONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TOTALE	The Whithbull 6 12001
	DUE TO	
	Conditions, if any, which) (b)	18 Counting 5 chin
J	gave rise to immediate	
	lying cause last (c)	V
		NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES ☐ NO []
ı	20 ACCIDENT WAS INDESTRANCED 20 DESCRIBE HOW INTHRAV OCCURRE	D. (Enter nature of injury in Part I or Part II of stem 18.)
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	= 1 I	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	Haur a.m. While Nat while ta	ctary, street, affice bidg., etc.)
	21 I certify that (I) (this hospital) attended the deceased from	Mari 1957 to June 22 196 Chat (1) (mo) tost
1	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	death occurred at ACM, from the causes and an the date stated above
П	220 SIGNATURE	22b.DATE
	4	M D PHYS DIRECTOR PHYS DIRECTO
	22c PHYSICIAN'S	22d ADDRESS
	NAME (Type) FRIGANCIS P. F 311 - 71	1 15 11-1757, 1.14, 11, 754, 200
	230 BLRIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, pricounty) (State)
	BURIAL 6-24-60 Mr. OLIV	WASH. D.C.
	24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Tymolly Handon-3831-GA. h	DATE JUN 30'60 anthon 8. Thousa

TO HOSPI ARATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the death. Page 4 may be do by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye school appers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, while 72 hays after death. VR A1S (4) 1SM 9/S9

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e IS RESIDENCE ON A FARM?

Haurs

ONSET AND DEATH

PERFORMED? YES NO IE

(State)

SIGNED

(State)

DATE JUN 2 7 '60

YES TO NO IX

TSM 9/59

DIRECT

ofter death.

070

pup

; ;

White WIDOW N (Give kind of work done) N (Give kind of work done) I (Brummett) R IN U. S. ARMED FORCES? If yes, give wor or date of service) TH (Enter anly one couse per lith WAS CAUSED BY- IMMEDIATE CAUSE (a) DUE TO	MARYLAND c. LENSTH OF STAY IN 16 days et oddress) Hospital Middle tta Jean IRRIED NEVER MARRIED WED DIVORCED DIVORCED b. KIND OF BUSINESS OR INDI 6 SOCIAL SECURITY NO 17.	Brummett B. Date of Birth June 19, 19 OUSTRY 11. BIRTHPLACE (STONE MAT YEAR) 14 MOTHER'S MAIDEN Alice Je	here deceased lived. Pland outside corporate lim na Park Greenwood 4. DATE OF DEATH 9. AGE lost outside corporate lim na Park	If institution, Reside COUNTY Montgo ts, write RURAL one Avenue Month June (In years IF UNDI Months year) year. 12. C	e. 15 RESIDEN ON A FAR. YES NO Day Year 2 1 19 6 ER I YEAR IF UNDER 24
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T. Mones	7.1 T)				
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6-28-60		antrarium & Re	nism "Indiam	a Park	MG.
6-28-60 S SIGNATURE	Address Address			24b REGISTRAR'S S	HOHAIONE
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offer death.

law requires that the death certificate be executed within 24

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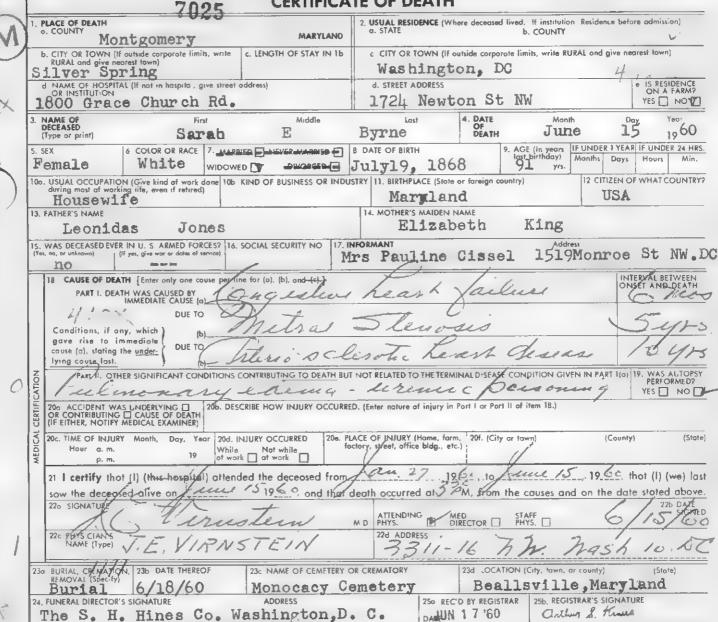
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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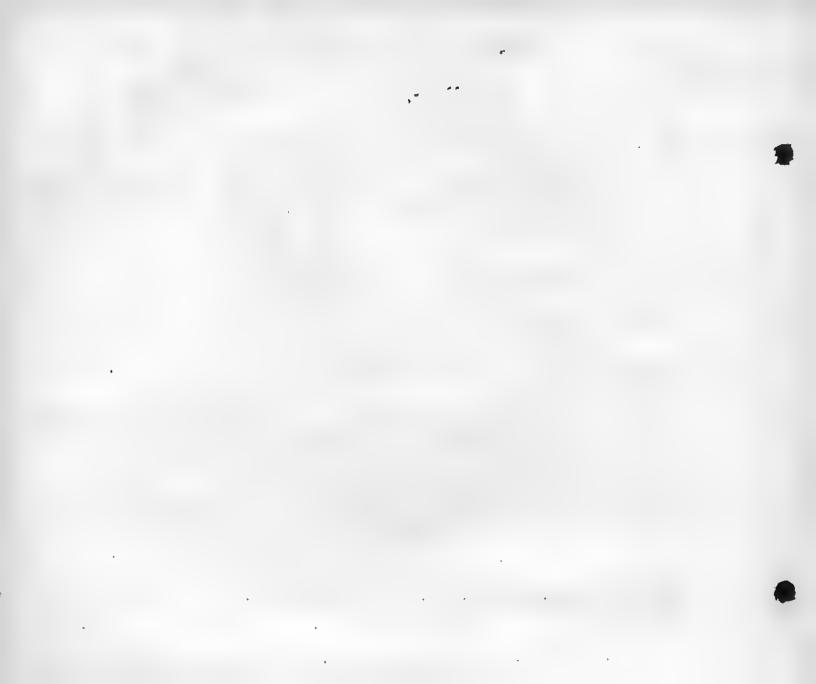
7102 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with after death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institut on Residence before adjrission) a. COUNTY COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write RURAL and gradineores) topic) c. LENGTH OF STAY IN 16 c. CITY OR FOWN de corporate limits, write RURAL and give negrest town) 8 the fune 2d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? N. YES NO NO puo NAME OF Middle 4. DATE Month Year Day filled DECEASED OF DEATH (Type or print) 19 60 The law requires that the deoth certificate be executed within IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH completely last bythday) Months WIDOWED I DIVORCED [USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS, OR HYDUSTRY | 11. BIRTHPLACE (State or foreign country), 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) pup pou 13 FATHERS NAME WOLLERS MAIDEN NAME after COT physician PORTRICK CAILCONNE QUINT maye 15. WAS DECEASED EVER IM U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 20 ottending INCERVAL RETA CAUSE OF DEATH | Enter only one cause per lute fat (a), (b), and (c). ā PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



PACE OF DEATH Reg. Dist. No.			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	07023
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20c. TIME OF INJURY Month, Doy. Year 20d. NJURY OCCURRED While Not while at work of twork of two twork of two twork of two	naval, c	CATION		OVEN IN PART I(o) 19. WAS AUTOP PERFORMED YES NO
21. I certify that I attended the deceased fram 6/7/60, 19, to 6/2/60, 19, that I last saw the deceased alive an 6/2/60, 19, and that death accurred at 30/A/M, fram the causes and an the date stated about address (Street, city or town, state) ACTUAL SIGNATURE VINCENT CONTROL NO. 8218 With Control Control City, town, or country) PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify 7-2-60 By ADDRESS) 23 POINTERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS (Street, city or town, state) DATE SIGNATURE 24d. REC'D BY REGISTRAR'S SIGNATURE	the bu		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18)	
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REMOVAL (Specify) 7-2-60 Broake Show (Line 1) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	istrori		NAME (Type)	
23 PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE		220		(Stole) (Stole)
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22c. NAME OF CEMETERY OR CREMATORY

Bethesda. Maryland

ADDRESS

Parklawn Cemetery

DATE

22d. LOCATION (City, tawn, or county)

Rockville, Maryland

24b. REGISTRAR'S SIGNATURE

TO HOSE PACE WAS BY 12 PUNERAL BY 12 PUNERAL BY 15 (4)

22a. BURIAL, CREMAT ON, 22b. DATE THEREOF

Robert A. Pumphrev

23 FUNERAL DIRECTOR'S SIGNATURE

/60

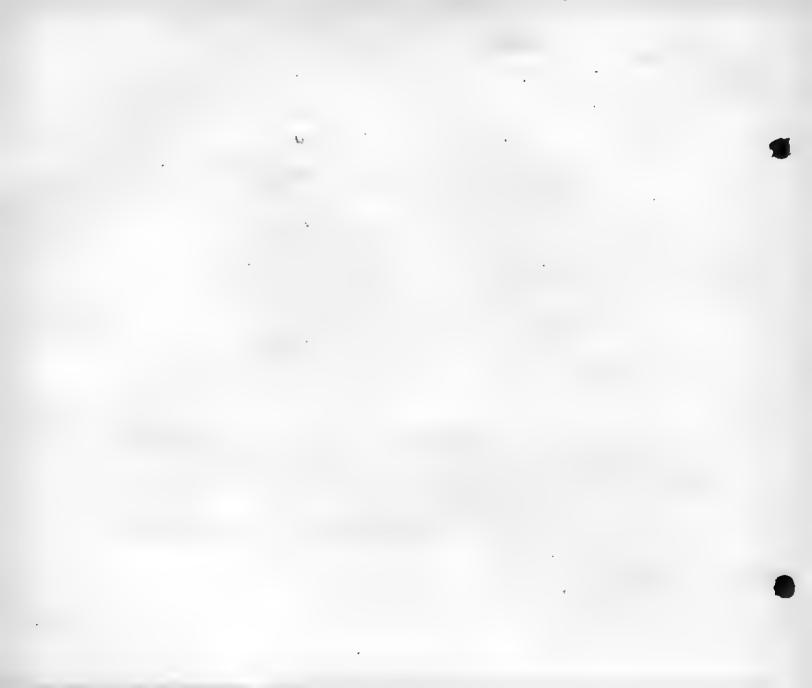
law requires that the death certificate be executed



1)



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) n COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) akomu ravk d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO NAME OF Middle 4. DATE Month OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED EL NEVER MARRIED 9. AGE (In years last birthday) Months WIDOWED [DIVORCED [.] 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Manager of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? AMERICA 13 FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO ACCIDENT WAS UNDERLYING | 206 DESCRIBE HOW INJURY OCCURRED (Enter notions of injury in Port I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, form, 20f (City or town) 20d, INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21 I certify that (!) (this hospital) attended the deceased from. 19___, that (1) (we) last _1960 and that death accurred of 178 M, from the causes and on the date stated above sow the deceosed olive on... 22a SIGNATURE 22b DATE SIGNED M D PHYS MED. DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (T Dean H. Harding FUNERA 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a BUR AL, CREMATION. REMOVAL (Specify)
Burial Fort Lincoln Cemetery Prince Georges County, Md. 25b. REGIŠTRAR'S SIGNATURE 250 REC'D BY REGISTRAR arthur S. Kraus 08' DATE JUL 1 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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I. PLACE OF DEATH O. COUNTY Montgomer	у	MARYLANG	o. STATE		ere deceased li	b. COUNTY	on Residence bef	fore admission)			
b CITY OR TOWN RURAL and give	(If outside corporate rimits, wringeorest town),	le c LENGTH OF STAY IN 18	c. CITY OR	TOWN (If or	utside corparat	e limils, write RI	URAL and give n	earest town)			
Bethesda	(Rural)	64 days	Annand	ale							
OR INSTITUTION	TTAL (If not in hospitol, give sti al Hospital	reet oddress)	d. STREET		Drive			e is residence On a farm? YES NO			
3. NAME OF	First	Middle	La	sl	4. DATE	Mon	th (Day Yeor			
(Type or print)	Steele	Simmons	CLA		OF DEATH	Jun		21 19 60			
5 SEX	6 COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRT	(H	9.	AGE (In years		AR IF UNDER 24 HE			
Female	Caucasian win		2-8-	20		40 yrs	Months Doys	Hours Min.			
10a USUAL OCCUPAT	ION (Give kind of work done orking life, even if relired)	106. KIND OF BUSINESS OR INI	OUSTRY 11. BIRTHP	LACE (Slote o	or foreign cou	ntry)	12 CITIZEN	OF WHAT COUNTR			
Housewife			No	orth C	arolina	a.	U.S	.A.			
13. FATHER'S NAME			14. MOTHER"	MAIDEN N	IAME						
Robert R.	SIMMONS		Jess:	ie STE	ELE						
15 WAS DECEASED EV	ER IN J. S ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT			Addı	ess				
Yes	"1942" "to" 1945	238-12-0757	H) Rober	t A. C	larke,	same as	#2 abo	ve			
18. CAUSE OF D	ATH Enter only one couse of	er line for (o), (b), and (<).]	1	A		1	IN	NTERVAL BETWEEN			
PART I. DI	ATH WAS CAUSED BY:	WILL WOUND (Prom	+-	122 0 17	sa orteo)))	NSET AND DEATH			
1	IMMEDIATE CAUSE (6)	michie ma	1 200	14 6	MICH	2 VICE III	09				
C	Conditions, if ony, which) (b)										
gove rise to	immediale (
couse (a), statin	couse (a), stoling the under DUE TO										
	lying couse lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOP										
PART II. O	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMIN	NAL DISEASE (CONDITION GIV	EN IN PART I(o)	19 WAS AUTOPS PERFORMED? YES NO			
	VAS UNDERLYING [] 20b. IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Enter noture	of injury in P	Port I or Port I	of item 18)					
20c. TIME OF INJU		d. INJURY OCCURRED 20e.	PLACE OF INJURY	(Home, form,	20f (City o	r fown)	(Count)	y) (Sto			
20c. TIME OF INJU	10	hile Not while work of work	foctory, street, office	ie bldg., etc.	7						
		ended the deceased fran	April 1	3 10	60 10	Tuna 21	10 60	that (1) (312319) to			
	ased alive an June				UPM			te stated abav			
220 SIGNATURE	000	(5)						22b. DATE			
	din . F.3	M.D. PHYS.	M.D. PHYS. MED. STAFF STAFF 6-22-60								
22c PHYSICIAN'S	1		22d. ADDI	(ESS							
NAME (Type)	E. J. RUPNIK,	CDR, MC, USN	Ų. S	3. Nav	al Hosp	ital, B	ethesda	, Md.			
23a BURIAL, CREMAT	ION, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		23d LOCATIO	ON (City, town, o	or county)	(Stote)			
Cremation (Specif	6-23,60	Cedar Hill	Cremator		Suitl			yland			
2 STUMBER SOME CITE	A'S SIGNATURE LOCALIE	ADDRÉSS		250. REC'E	D BY REGISTRA		STRAR'S SIGNAT				
Jos. Gawle	r's & Sons, 17	56 Pa. Ave., NW	WashDC	DATELLIN	2 4 '60	anti	hun S. Kray	A.4			

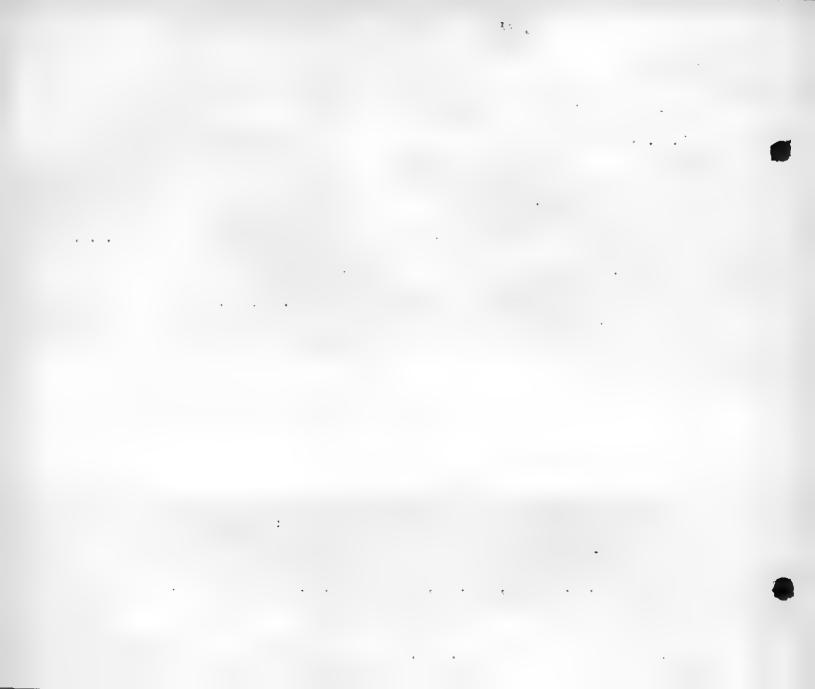
may be __ned by the haspiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been is gned by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please proceet carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR A1S (4) 1SM II/59

after death. Page 4

by the funeral director,

pup



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

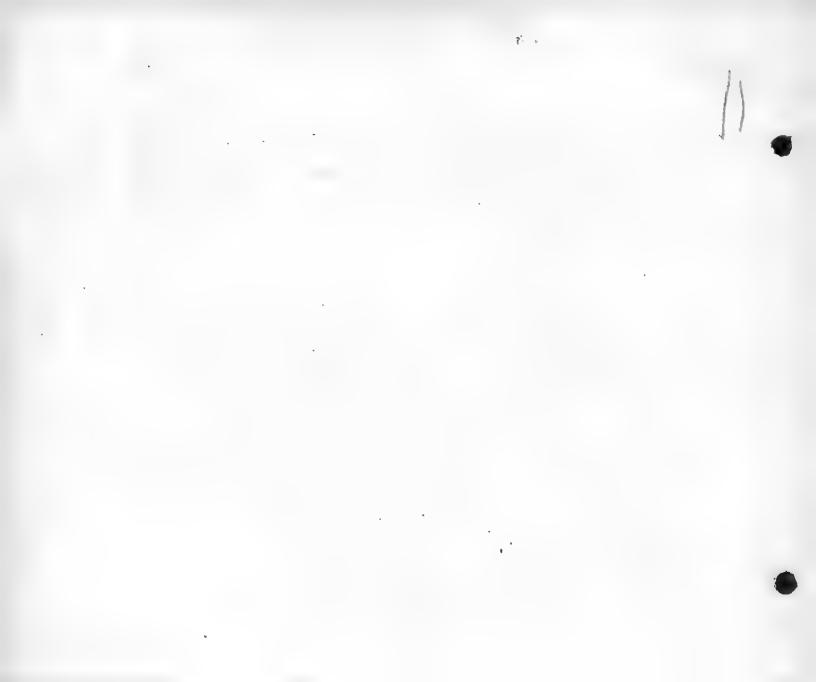
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	71	05	CERTIFICA	ATE OF DEAT	TH			
PLACE OF DEATH a. COUNTY MODITSOMER	7		MARYLAND	2. USUAL RESIDENCE 0. STATE District	of Columb	b. COUNTY	: Residence bef	fore admission)
Bethesda	(Rural)	12	NGTH OF STAY IN 16	Washingt		imits, write RUF	AL and give no	P 10
OR INSTITUTION	TAL (If not in hospital, g	ive street oddress		d. STREET ADDRES	son_Avenue	N.W.		ON A FARM
3. NAME OF DECEASED (Type or print)	Fir WILL		Middle	COBBS	4. DATE OF DEATH	Month June	- 1	8 19 6
s sex Male	6 COLOR OR RACE	7 MARRIED X	DIVORCED _	0. DATE OF BIRTH	9 4	The second secon	Months Doys	Hours Mi
Janitor	ON (Give kind of work of rking life, even if retired	done 10b. KIND (OF BUSINESS OR IND		Carolina	γ)	U. S	A.
3. FATHER'S NAME Wade COBBS	5			Essie LO				
(Yes. no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of the World War	ervice)	17 SECURITY NO 17	informant	Cobbs, 7		Wash.	
Conditions, if gave rise to cause (a), stoling lying cause lost Part II O	immediate DUE TO	1	BUTING TO DEATH BL	IT NOT RELATED TO THE T	ermina. Disease cc	DNDIT ON G VEI	N IN PART I(o)	19. WAS ALTO
PART II OT	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DESCRIBE F	HOW INJURY OCCURR	ED (Enter nature of injury	y in Part I or Port !I c	f item 18)		YES NO
_	RY Month, Day, Yes		Not while	LACE OF INJURY (Home, actory, street, affice bldg.	form, 20f. (City or)	own)	(Count)	y) (St
Disaw the deced				January 27				te stated aba
22c PHYSICIAN'S	J.N.D	Comme	rel	M.D ATTENDING PHYS	MED S	TAFF HYS 🛣		22b DATE SIGN
NAME (Type)	F. H. O'COI	WELL, L	CDR,MC,USN		val Hospit	al, Bet	hesda,	Md.
23a BURIAL CREMATI REMOVAL (Specify Burial		C. DA	NAME OF CEMETERY		23d LOCATION Arline	ton	Virgi	
W. E. Jar	r's SIGNATURE _/		ashington.		REC'D BY REGISTRAR		RAR'S SIGNATI	

s offer death Page 4



			MARYL	AND STATE DEP	ARTMEN	T OF HEALTH	1—BALTIMO	ORE, 18	
			7	7107 CERT	TIFICATE	OF DEATH	4	Reg	. Dist. No. 702';
M	1 [LACE OF DEATH	ontgomery	MA		USUAL RESIDENCE (WI		COUNTY 1/2	sidence before admission)
			If outside corporate limit earest town)			DI	outside corporate lim		and give nearest town)
7 2	1	I. NAME OF HOSPIT OR INSTITUTION	Bethesd [AL (If not in hospital, g	ive street address)		d. STREET ADDRESS	1110	· · · · · · · · · · · · · · · · · · ·	e IS RESIDEN
4			Suburban H			5723 0	anderg	refl	RUL YES NO
		NAME OF DECEASED Type or print)	Firs	Infant Gir		Colie		Month June	Day Year
	5 \$	EX	6. COLOR OR RACE	7 MARRIED NEVER MAR	RIED X B. DA	TE OF BIRTH	9. AGE	(In years IF UN birthdoy) Mon	The Days Hours M
<u>.</u>		Female	White	WIDOWED DIVOR	CED 🗌	Tune 6, 196		yrs.	8 5
-	10a	USUAL OCCUPATION	ON (Give kind of work d king life, even if retired)	ione 106 KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12	CITIZEN OF WHAT COUN
	13.	Inf		-	14	Bethesda.	Md.		U.S.A.
		3733	0-14-			Margaret A	mnol d		
	15.	WAS DECEASED EVE	Colie R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY N	10 INFOR			Address	
	(Yes		(If yes, give war or dates of se			Father		5923	Vandergrift
		10 CAUSE OF DEA	YM (Enter enty one one	use per line for (a), (b), and (Edwar	rd Colie		Rockt	rille Md.
			TH WAS CAUSED BY:	Factor	1 7/1	a leader	1		INTERVAL BETWEE
		* /	IMMEDIATE CAUSE (a)		1/6.	Ext.E. CCA	017		Shows
1		1 /	DUE TO	1-2	1	· /			Chaus
		Conditions, if o	mmediate (1/2/1	Tega. ca	rely			6760
		couse (a), stating							
	z	lying couse lost.) (c)	TO TO THE PROPERTY OF THE PARTY	SPATIA BUT NAY	OF LIFE TO THE TERM	INAL DISTASS CONT	NEISON CIMPA IN	A A MAS A ITO
1	FICATION			DITIONS CONTRIBUTING TO E					PART I(a) 19 WAS AUTO PERFORMED YES NO
-	CERT	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRED. (En	iter noture of injury in	Part I or Part II of at	em 18.)	
	MEDICAL	20c. TIME OF INJUR Hour o m p. m	Y Month, Doy, Yea	While Not white of work of work	20e PLACE C foctory.	OF INJURY [Home, form street, office bldg , etc	20f. (City or law	n}	(County) (5
		21. L certifyeth	at Lattended the	deceased from	- 6	1960 to 15	0-6	19COhat	I last saw the deced
16.		alive an	(0)		at death acc		M from the co	uises and an	the date stated ab
			/		. deam dec		ADDRESS (Street, cit		DATE SIG
		ACTUAL	· rt [] 1 .	ROGILIM	An				
		SIGNATURE	Caw,	1-00000					
		PHYSICIAN'S NAME (Type)	caw					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	220	PHYSICIAN'S NAME (Type)	DN, 22b. DATE THEREO	F 226 NAME OF CE	METERY OR CRE	EMATORY 1	22d. LOCATION (C	ity, town, or cou	nty) (Stote)
	220	PHYSICIAN'S NAME (Type)	101	F 22, NAME OF CE	METERY OR CRE	MATORY tospital	22d. LOCATION (C	ity, town, or cou	orcetoun
	21	PHYSICIAN'S NAME (Type) BUR AL, CREMATIC REMOVAL (Specify)	6-9-6	F 220 NAME OF CE O SUBUT ADDRESS	METERY OR CRE	tospital	Blood T	DIA OC	OSTETOWN PORTO
	21	PHYSICIAN'S NAME (Type) BUR A. CREMATIC REMOVAL (Specify)	6-9-6	O Subur	METERY OR CRE	tospital	Blood T	DIA GE	ORCETOWN PORTO



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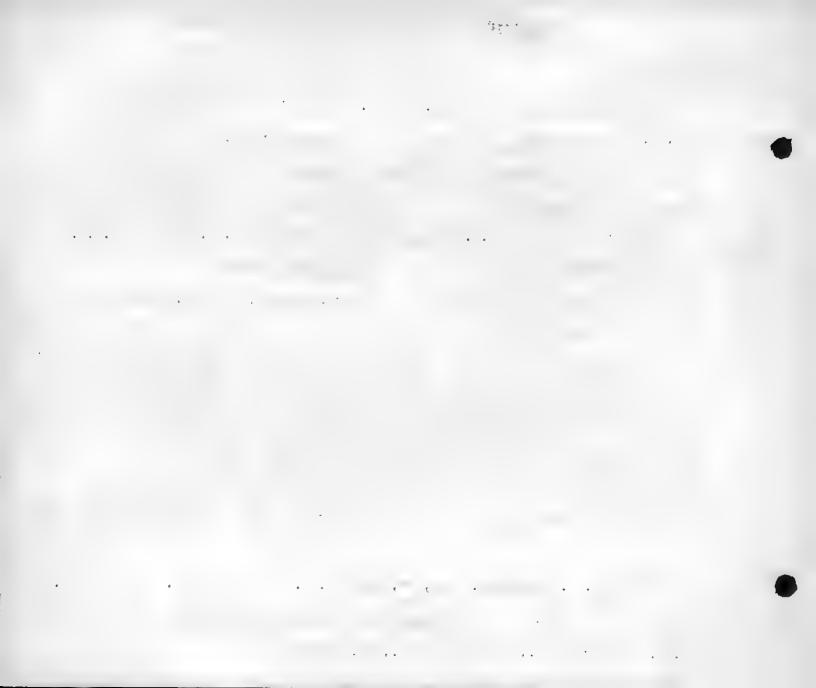
CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) · COUNTY b. COUNTY MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest own! 2 hrs. 20 min (Rura) Alexandria Bethesda NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e IS RESIDENCE ON A FARM? S. Naval Hospital 3742 Keller Ave. YES NO X NAME OF First Middle 4. DATE las1 Month Day DECEASED OF 15 60 William COLLINS June Thomas DEATH 19 (Type or print) 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 9. AGE (In years B DATE OF BIRTH ast pirthday) Months Dovs Hours 12-6-18 Caucasian WIDOWED [DIVORCED [Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Washington, D. C. U.S.Marine Corps Officer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Katherine SHEAHAN William COLLINS 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Margaret Collins, same as #2 above Yes to DOD INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).] ONSET AND DEATH. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO couse (a), stating the underlying couse lost (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔼 NO 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month. Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while at work of work 19 60 to June 15 1960 , that (1) (** lost 21. I certify that (I) (tricknessitat) attended the deceased from June 15 $_{-}1960$, and that deoth occurred at 8P M. from the causes and on the date stated above sow the deceased alive on June 15 22o 5 GNATURE 226 DATE 6-16-60 SIGNED STAFF PHYS M.D. PHYS DIRECTOR . 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) S. Naval Hospital, Bethesda, Md. 'CONNELL, LCDR, MC, BEN 23a BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) 6-20-60 Arlington National Cemetery Arlington ٧a. UNERAL/DIRECTOR'S SIGNATURE? ADDRESS 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 2 0 '60 Chambers & Co., 1400 Chapin St., NW, WashDCATE alithur S. Krous

I director, filed with € filled Pages death ofter camp pub 8 50 physician remaye attending þ gned b remaval, ö has pached OR ATTENI 3 shauld FUNERAL I 0

PHYSICIAN: The law requires that the death certificate be

er death.

VR ATS (4) 15M 9/59



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Moi
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceased lived, if institution Resider b. COUNTY Virginia c. CITY OR TOWN (if outside corporate limits, write RURAL and give	ex 🗸
24 hours after death. If are any is nece no Pages 1.2, and 3 to the Luraral director PM3. Page 5 hay be retained for your pages 1 and 2 with the State Board of within 72 hours after death, and	Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington Sanitarium & Hosp 3. NAME OF DECEASED (Type or print) Frank Chris Collis Collis Collis First Middle Last 4. DATE OF DEATH June 4. DATE OF DEATH June Frank Chris Collis SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED Myldowed Divorced Sept 5, 1919 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) Window Decorator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	e. IS RESIDENCE ON A FARM YES \(\sum \text{NO} \) Year 1960
executed within cil in Item 18, Giv along with form Itemsit permit, File and in any event		TERVAL BETWEEN VALI AND DEATH OHTS
certificate should be rd "pending" in pen l Examiner's Office a so used as a burial-th sation, or removal, s	Conditions, if any, which gave rise to immediate causa (e), stating the underlying cause lest. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ita)	PERFORMED?
IL EXAMINER: Th's lifeste, writing the woll to the Chief Medical TOR: Page 3 should be price to burial, crem	20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20s. TIME OF INJURY Month, Day, Year Hour e.m. 12 Noon. 5/15 19 60 at work x et work 20s. Time Of Injury Month, Day, Year While Not While Industry, street, office bidg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and	(State)
NEL MEDICA Ise execute the cert nould be forwarded UNERAL DIRECT is designated agent	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. PATE THEREOF 22c. NAME OF CENTERY OR CREMATORY 72d. LOGATION (City, Town, or county)	0/5/60
2 5 6 6 6 7 6 7 5 9 5 6 7 5 9 5 6 7 5 9 5 6 7 5 9 5 6 7 5 9 7	Bremoval (specify) (97/60 Valional Memorial VX Falls Church 23/Fyneral Director Address Painfant Var, Date JUN 8 '60 Chilling & King Church Church	





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CERTIFICATE OF DEATH

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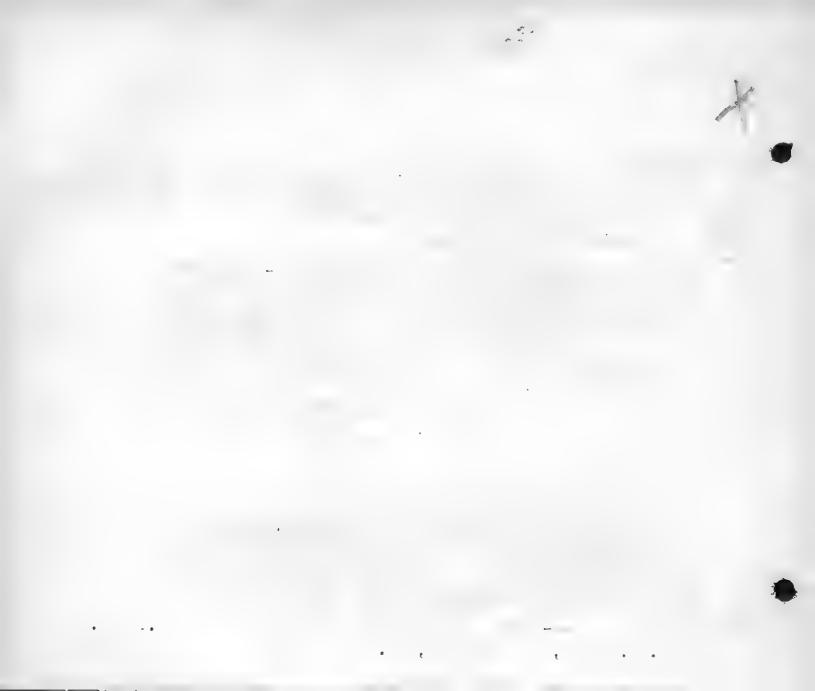
- 1-													
Ī	o. COUNTY				2	USUAL RESID	DENCE (Wh	ere deceased	lived. If instituti	on Residence be	fore adm	ussion)	
н	MONTGOMERY			MARYL	AND	o. STATE MARYLAND b. COUNTY MONT GOMERY							
		autside corporate limits,	write c LEI	NGTH OF STAY	N 16			utside corpor		wn)			
1	RURAL and give ne	· ·	6	DAYS		K Ro	INKLO	VI.J					
. -	d. NAME OF HOSPITA	AL (If not in haspital, give				, d. STREET A		· Pr				ESIDENCE	
1	OR INSTITUTION		U		. /							A FARM?	
1		OMERY CO.GE	NERAL I					T					
13	NAME OF DECEASED	First		Middle		Lasi		4. DATE OF	Mar	ith I	Day	Yeor	
	(Type or print)	ANNI	Ε	HARRI	SON	COSTLE	Y	DEATH	Jui		3	1960	
5	5 ŞEX	6. COLOR OR RACE 7	7. MARRIED 🗌	NEVER MARRIE	D 🔲 B. [ATE OF BIRTH] '	9 AGE (In years last birthday)	Months Days	_	-	
ı	FEMALE	COLORED	VIDOWED 🔽	DIVORCED		7 18	378		82 yrs.	Months Days	Haur	rs Min	
Ī	0a USUAL OCCUPATIO	N (Give kind of work do	ne 10b. KIND (OF BUSINESS OF	RINDUSTRY	11. BIRTHPL	ACE (State	or foreign co	untry)	12. CITIZEN	DE WHAT	TCOUNTRY	
Ι	Housewi	ng life, even if retired)	l h	CERC			Virgi			11	_S	۸	
h	3. FATHER'S NAME		44	COLLO	Ī1	4. MOTHER'S					3.	Ma	
ľ						_			~~~ ~~~~				
ŀ		LIAM HARRIS				SALLY		- unr	cnown				
P	(Anr. uor at nukuamu) (IN U.S. ARMED FORCE If yes, give wer or dates of serv	157 16, SOCIAL	SECURITY NO.	17, INFO	KMANI			Add	ress			
L	no		nor	19	Ho	SPITAL	RECOR	RDS	OLNEY.	MD.			
		TH [Enter only one caus H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	acute Cono	of (b), and (c)]	oca	alial 2000	In	far	tion			BETWEEN ND DEATH	
	gave rise to immediate cause (a), stating the under-tying cause ast. Pulmorum edema; aute										C LUYORO		
	Pent	er significant condi	el,	A to	BUINC	-ew	IMETERMI	NAL DISEASE	CONDITION GN	PEN IN PAKI (0)	PER	FORMED?	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT FELATED TO THE TERMINAL DISEASE CONTRIBUTING TO DEATH BUT NOT FELATED TO THE TERMINAL DISEASE CONTRIBUTION OF CONTRIBUTION									If of item 18.)				
	20c TIME OF INJUR Hour o. m.	Month, Day, Year	White N	OCCURRED lat while t work	20e. PLACE factor	OF INJURY (I y, street, office	Home, form bldg, etc.	20f. (City	or town)	(Count	y)	(State	
	21 1 certify that (1) (this haspital) attended the deceased from feels 195% to from the causes and on the date stated above												
	220 SIGNATURE M.D. ATTENDING MED DIRECTOR STAFF PHYS.									~ 0.	226 DATE SIGNE		
	22c PHYS CIAN'S NAME (Type)	A. D. Bonie	ANT. Ma	D.		SAN		RING	a.M.				
1		N, 23b. DATE THEREOF	23c	NAME OF CEME	TERY OR C	REMATORY		23d LOCAT	ION (City, town,	or county)	(5	tate)	
	REMOVAL (Specify)	6-6-196	O V	White B	lock			Carr	roll Co	Md.			
2	C. M. V			DDRESS.	id.		25a. REC'	D BY REGISTI	RAR 256 REG	STRAR'S SIGNAT			

pierety filled in by the funeral director, is Pages 1 and 2 should, be filed with ter death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove corpus pages 1 has 5 state 8 board of Health prior ta burial, cremation, or removal, and in any event, with

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death. Page 4

TO HOSP VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 7026 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARA YES IT NO 3. NAME OF Middle Month Day Yegi DECEASED CONRL COURBAT JUNE (Type or print) DEATH 19 60 6. COLOR OR RACE 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost b rihdoy! Months Havrs April 4, 1890 DIVORCED T WIDOWED | yrs. 10o. USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! U.S. Gov't. Dept. of Interior U.S.A. SWITZERLAND Foreman - Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALPHONSE COURBAT ANNA CHEVILLAT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 579-14-1491 Mrs. Nora M. Courbat. 9507 Warren St. NO SULLING. 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (c) 5/4/11 Dronger DUE TO LIERIOSCIEVATIC HEART DISEASE Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (Stole) factory, street, affice bldg., etc.! 9. m. While Not while at work at wark to C--2 0- 196 Othat I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred at 57: 45 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) WASHINGTON 22b DATE THEREOF 220. BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) BREMOVAL (Specify) 6/22/60 MT. OLIVET CEMETERY WASHINGTON, D.C. SILVER SPRING, MD. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. through 15M 10/57



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	4	- Calculation									
), PLACE OF DEATH			2. USUAL RESI	DENCE (Whe	ere deceased lived	l. If institution	ın: Residence b	efore admission)			
MONTGO	ERY	MARYLAND		RYLAN	D	0. COOM	HOWARD				
b. CITY OR TOWN (If a RURAL and give near	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	FOWN (IF at	utside carporate li	mits, write Rt	JRAL and give	nearest tawn)			
OLNEY		15 DAYS	Cı	ARKSV	ILLE	1	27				
OR INSTITUTION	(If not in hospital, give street		d. STREET A	DDRESS		d and	7	e. IS RESIDENCE ON A FARM?			
MONTGOMER	COUNTY GENER	AL HOSPITAL	11					YES NO			
3. NAME OF DECEASED (Type or print)	ALICE	Middle 	Cui		4. DATE OF DEATH	Mani	UNE	30 19 6			
S SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTI	Н	9 AC	E (In years 1 birthday)		EAR IF UNDER 24 HI			
FEMALE	WHITE WIDOW	ED DIVORCED	8/14/1	1890		9 yrs	Months Day	ys Haurs Min			
100. USUAL OCCUPATION	(Give kind of work dane 10b. g life, even if relired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL					S.A.			
13. FATHER'S NAME	.20		14. MOTHER'S		OTLAND		_				
_	- 14 6				_						
THO			INFORMANT	ARGARE	T BROWNE	Addr	000				
	yes, give wor or dates of service)	None		LITAL_	RECORDS			LAND			
18. CAUSE OF DEAT	H [Enter anly one couse per li	ine far (a), (b), and (c).]					1	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:										
1 2 0	IMMEDIATE CAUSE (a) ACUTE CARDIAC FAILURE DUE TO CORONARY 15 DAY:										
Canditians, if on	outstate A	'HROMBOSIS									
gave rise to im	mediate Dus to										
cause (a), stating the lying cause last,	e under- DUE TO										
	P SIGNIFICANT COND TIONS	CONTRIBUTING TO DEATH BU	IT NICT DELATED TO	THE TERMI	NIA! DISEASE CON	IDITION CIV	ENI IN PART 1/2	TO WAS AUTOPS			
SATIC	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES \(\sum \) NO [
OR CONTRIBUTING	20a ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)										
3 20c TIME OF INJURY	Manth, Day, Year 20d	NJURY OCCURRED 20e. F	LACE OF INJURY	Hame, farm,	20f. (City or to	wn)	(Caur	nty) (Sta			
Y 20c TIME OF INJURY Hour a.m.	19 While of wo	1401 W/HIE	actory, street, affic	e bldg., etc.)						
-	01 40				-						
21. I certify that	(i) (this haspital) attend	ded the deceased fram	TUNE1	411 A	TIP to TIP	NE_3U_	. , 19 .5.0	I that (I) (we) to			
	d alive an JUNE 30) 19 60, and that	death accurre	d_at	M, fram the	causes an	d on the d				
220. SIGNATURE	Modroat	Les.	M.D. ATTENDIN		ED. ST	AFF IYS.	7	7/1/60 SIGN			
22c PHYSICIAN'S NAME (Type)	7 10		22d. ADDR	ESS							
	C. S. WHITAKER	. M. D.	C	LARKSY	ILLE, MA	RYLAND)				
23a BUR AL, CREMATION	, 23b DATE THEREOF	23c NAME OF CEMETERY			23d LOCATION			(State)			
BUNIST (ST	July 2 1960	Woodside			Brink	low		Md.			
24 FAMERAL DIRECTOR'S		ADDRESS		250. REC'D	D BY REGISTRAR		TRAR'S SIGNA				
faming		aytonsville.	Mā.	DATEKEN			e & Kin				

carbon popers. Pages I and 2 should be filed with may be doubt the haspital ar attending physician.

TO FULERAL DIRECTOR: After this certificate has been signed by the attending physician and cumpletery filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages 1 capages 1 should be detached far use as the burial-transit permit. Then please remave carbon pages 1 capages 1 should be detached far use as the burial, cremotion, ar removal, and in any event, within 72 haves after death IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

after death. Page 4

VR A1S (4) 15M 9/59



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page the St

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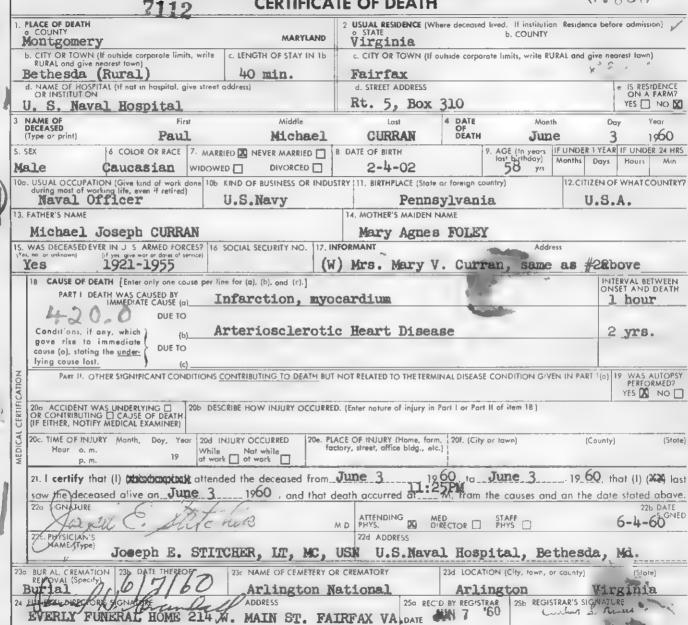
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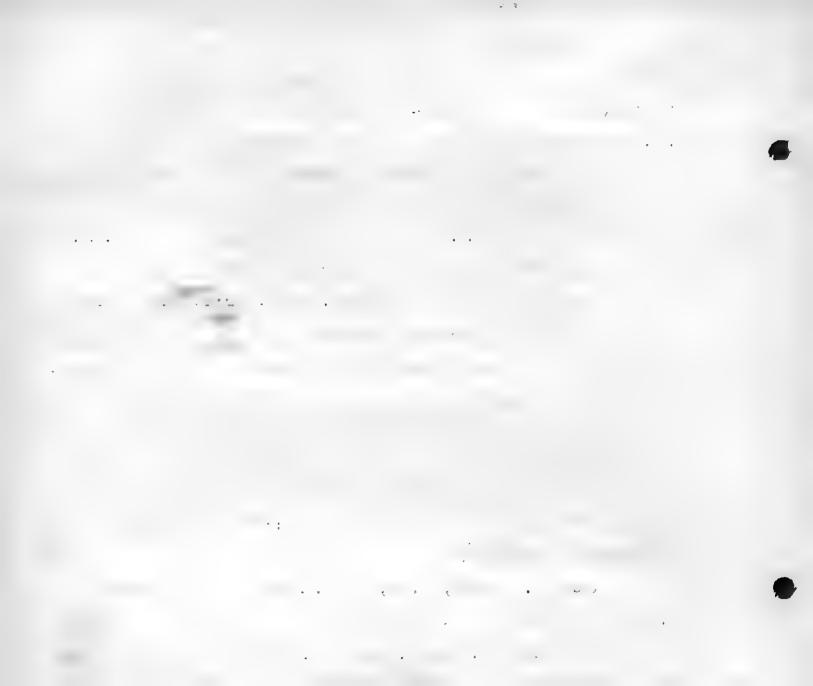
death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

07030





MARYLAND STATE DEPARTMENT OF HEALTH

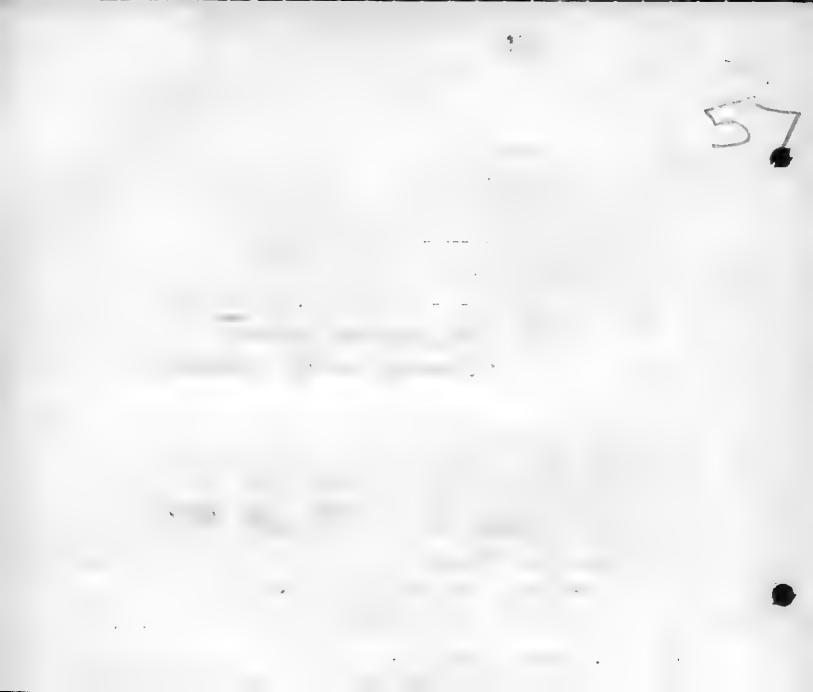
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0705.

	6114 N	CERTIFICA	TIE OI DEATH							
1. PLACE OF DEATH				here deceased lived. If institution	n Residence before admission)					
o. COUNTY	Igomery	MARYLAND	a. STATE Md.	b. COUNTY	Montgomery					
b CITY OR TOWN	If autside carparate limits, wri	ite c LENGTH OF STAY IN 16	c CITY OR TOWN (If	autside corporate limits, write RU						
RURAL and give n	N9TON	5 1/2 MOS	1.7 BeThes	dA 14						
	TAL (If not in hospital, give st		d STREET ADDRESS	-	e 15 RESIDENCE					
V	TON GARden	IS SAN	15712K1	rgswood. K	d. YES' NO					
3 NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day Year					
(Type or print)	Josef	sh HAle	WARBY	DEATH 6	24 1961					
S SEX	6. COLOR OR RACE 7 N	AARRIED 🔼 NEVER MARRIED 🗌	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min					
19		OWED DIVORCED		04 55 yrs						
Oa. USUAL OCCUPATI- during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State	or fareign cauntry)	12 CITIZEN OF WHAT COUNTE					
ARChi	TECT		New	YORK	4.2. H.					
3. FATHER'S NAME		,	14. MOTHER'S MAIDEN		lale.					
U	IM. R. DA	Rby		IAIRE H.	1416)					
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT	Addre						
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	579-14-5578	Elinor R. Da	rby-wife-sam	e as 2d					
18 CAUSE OF DE	ATH [Enter only and cause p	er line far (a), (b), and (c).]	120 20	77-	INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY MY O COROLECT CONSET AND DEAT										
Li - A	DUE TO	0	11	1/2	1 5					
Conditions, if	by (which)	Corpus	o arter	Olifease	4-Sy,					
gove rise la	immediale (1								
cause (a), stating lying cause last.	the under-	\/	V							
_ =====================================	EN IN PART I(a) 19 WAS AUTOPS									
PART NO. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED. YES NO.										
The transfer of the transfer o										
20g ACCIDENT W OR CONTRIBUTING (IF E THER, NOT F	G CAUSE OF DEATH		,							
	-	od. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, fare	n. 20f (City or town)	(Caunty) (Sta					
Hour a. m. While Nat while factory, street, office bldg., etc.}										
	17 01	wark at wark	HUI	60 6/11/	(25)					
21 I certify the	at (I) (this haspital) at	tended the deceased fram		to to	, 19, that (I) (we) le					
saw the decea	sed alive an	19 ond that	death accurred at	fM, from the causes and	d an the date stated above					
220 SIGNATURE	10.1/4-11	Roine	ATTENDING N	STAFF	72 22b DATE					
70	oru // (15cm	M D PHYS 🗷 D	IRECTOR PHYS	pulle 24 0					
22c PHYS CIAN'S NAME (Type)	MANTRED	STEINER	22d. ADDRESS 23	00 K ST. A	Nw. wash, I					
230 BURIAL, CREMATIO	ON, 236 DATE THEREOF	23c NAME OF CEMETERY		23d LOCATION (City, fawn, o						
Burlal	6/27/60	Rock Cree	k Cemetery	Washington	1, D. C.					
24 FUNERAL DIRECTO	'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE					
Robert	A. Pumphrev	Wethesda.	Maryland	N 2 8 160	1 a 8 House					

TO HOSF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Julys after death. Page 4 may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State 8 board of Health prior to burial, crematian, an remayal, and in any event within 7 hours after death. VR A15 (4) 1SM 9/59



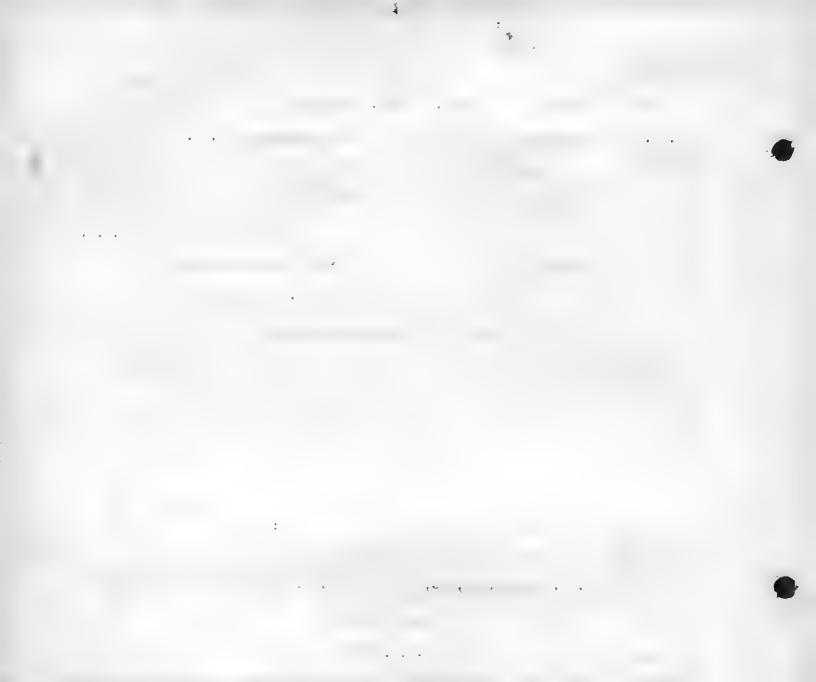
after death.

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	7113 CERTIFICATE OF DEATH Reg. Dist. No.	ч
led with	LACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission of STATE b. COUNTY MARYLAND O. STATE D. COUNTY	on)
should be filed	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town))
090	1/ - 1/ 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	DENCE FARM? NO
	AME OF First Middle Last 4 DATE Month Day	(eor
	DEATH COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P AGE (In years lost birthday) Months Doys Hours WIDOWED DIVORCED Color of First Color o	R 24 HRS Min
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
	ATHER'S NAME (14 MOTHER'S MAIDEN NAME)	
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If year, give wor or dates of service)	Rich
	18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: ONSET AND	IWEEN DEATH
	DUE TO CARRELLA CONTROL OF THE PROPERTY OF THE	12
	gove rise to immediate couse (o), stating the under-lying couse lost. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A PERFO	NO C
	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Coc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Havr o. m. 19 of work	(Stole)
4	21. I certify that I attended the deceased from	deceased
		TE SIGNED
	PHYSICIAN'S LWMZLIMMD	. The state of the same of the
M	BURIAL CREMATION, FISTS. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) control writer Seltsulle The)
and the same of th	ADDRESS DATE 24b. REGISTRAR'S SIGNATURE DATE 15 60 CASANT TEARNER DATE	



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certificate has been signed

After this

DIRECTOR:

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VR A15 (4)

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or attending physicion.

ATTENDING PHYSICIAN: The low requires that the death certificate be

papers



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) . COUNTY New York b. COUNTY fill ed MARYLAND Montgomery Proj b. CITY OR TOWN (If outside corporate lim'ts, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give regrest town) 20 days Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 516 East 13th Street YES NOTE The Clinical Center. Bethesda 14. Md. 4. DATE NAME OF Middle Month Day DECEASED OF DEATH Poges (Type or print) Antorino (None) Dovi June 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Months Days Hours DIVORCED | WIDOWED | March 10. 192' Male poper 10a USUA, OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Italv Shoemaker Shoe Italv 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME .⊆ Santa Azzolina Salvatore Dovi 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO The Clinical Center, Bethesda 11, Maryland No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Myocardial Failure Acute DUE TO Aortic Insufficiency vears Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-Rheumatic Heart Diseasa vears lying couse lost. been PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Aortic Valvulotomy on Extracorporeal Circulation YES NO M 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f, (City or town) Day, Year 20d INTURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while of wark at wark 21 I certify that (1) (this haspital) attended the deceased from May 22 . 1960 ta_ June 11, 1960, that (1) (we) last saw the deceased alive on June 71 .___ 19_60, and that death accurred at 1.2011 from the causes and an the date stated above 8 226 DATE 22o. SIGNATURE ATTENDING DIRECT DIRECTOR -22c PHYSICIAN 22d. ADDRESS Clinical Center Bethesda NAME (Type FUNERAL Institutes of Health National. 230 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) 6/13/60 Iinknown New York City 25h. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S ALGNATURE 25g REC'D BY REGISTRAR arthur & Krous 15M 9/59

deoth.

AND STATE DEPARTMENT OF HEALTH



07033 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) MONTOOMERY b. COUNTY MARYLAND DNTOBMER b. CITY OR TO WY (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give corest town) RURAL and give nearest town CARS d. NAME OF HOSPITAL (If not in hospital dive street oddress) STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARMI JUDSON XXXXXX 11803 Judson Rd. YES | NO IV 3. NAME OF Middle 4. DATE Year DECEASED OF (Type or print) DEATH 19 6 6 9. AGE (In years last birthday) 39 yrs. IF UNDER 1 YEARVIF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED Months Hours Days DIVORCED [WIDOWED IT popers. BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work done 10b. KINDS OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 4557 corbon 13. FATHER'S NAME MOTHER'S MAIDEN NAME RHODES JOSEPH NIXON DOVE 15. WAS DECEASED EVER IN U. S ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address SAME 290-12-4039 B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES TI NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour a. m factoriustreet, office bldg , etc.) While ~ Not while of work of work 1 2 3 2 3 3 19 60, that I last saw the deceased 21. I certify that I attended the deceased from the _, 19.5 /. to... M, fram the causes and an the date stated above. and that death accurred at 12 ADDRESS (Street, city or lawn, state) ACTUAL DIRE SIGNATURE placks PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) JUNE 25. 1960 FT. LINCOLN CEMETERY PRINCE GEO. COUNTY, MARYLAND 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR arthur S. Hours JUN 2 7 '60 VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution; Residence before admission director, Page Volvilles. e. COUNTY a. STATE **b.** COUNTY Montgomery Maryland Montg. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | m is, write RURAL end give nearest town) write RURAL and give neerest town Brinklow 1 yr. Brinklew d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? refained he State E YES NO TO 3. NAME OF Midd.e 4. DATE Month Dev DECEASED OF ihe i (Type or printClarence Clinton Dyson DEATH after 29, 1960 June 2 with 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years LIF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS last birthday) Hours ma le aol WIDOWED [DIVORCED [Pages 1. Pages 1. S 1 and 10a. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (11. B.RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Md. laborer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D Charles Dyson Annie Smith Item 18 Ci 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17, INFORMANT Address [Yes, no. or unkown] ! [[fyes give werer detes of service] Nora Dyson Item 2 8 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c), [INTERVAL BETWEEN "in pencil in It Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aoute congestive heart failure Found dead IMMEDIATE CAUSE (a) in chair DUE TO removal, Cardiac hypertrophy home Conditions, if eny, which (b) the certificate, writing the word "pending" i rwarded to the Chief Medical Examiner's C DIRECTOR: Page 3 should be used at a d sean. gave rise to immediate cause DUE TO (a), stating the underlying cremation, or cause last. PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO J 2De EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | **burial** CAUSE OF DEATH. MEDICAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour m.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 20 noinigo vm ni bns forwarded to Natural causes X death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execute the should be form FUNERAL D ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 6/29/60 DEPUTY MEDICAL EXAMINER **EXAMINER'S** . Broschart NAME (Typa) Frank B Address (Street, city, town, or county) 226. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Pleasant View. ₫40 ठ Quince Orohard. Md. 23. FUNSRAL DIRECTOR 24a, REC'D VS. A15ME Rockville, Md. 5M 7/59 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

07045

L		CERTIFICA	IL OI DEATH		0.040
ſ	1. PLACE OF DEATH g. COUNTY.		2. USUAL RESIDENCE (When	re deceased lived If institution b. COUNTY	. Residence before admission)
	Montgomery	MARYLAND	Maryland	Montgomery	
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	CITY OR TOWN (If out	tside corporate limits, write RU	RAL and give nearest town)
I	Bethesda	18 days	Bethesda		
4	d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d STREET ADDRESS	amoole Tono	e IS RESIDENCE ON A FARM?
	The Clinical Center, Beth				YES NO
	3. NAME OF First DECEASED (Type or print) John	Robert	Edmonds	4. DATE Month OF DEATH JU	
ı	S SEX 6. COLOR OR RACE 7. MARR	RIED W NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF JNDER 24 HR
1	Male White WIDOWE	ED DIVORCED	September 11,	1904 last birthday) 55 yrs	Months Days Hours Min
	10a JSUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State a	r foreign country)	12. CITIZEN OF WHAT COUNTR
1	Superintendent C	oncrete Produc	ts Texas		U.S.A.
1	13 FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME	
1	William F. Edmonds		Cora Br	own	
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT The Med	lical Recordadore	155
	(Yes, no, or unknown) (If yes, give wor or dates of service) 5	77-10-4682 T	he Clinical Ce	enter, Bethesda	a 14, Maryland
Ì	18 CAUSE OF DEATH [Enter anily one couse per lin	ne far (a), (b), and (c).]			" INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Pu	ilmonary conges	tion		ONSET AND DEATH
ı	DUE TO	THE PARTY OF THE P	701011		
ĺ	1 0 00 - 0	enchogenic car	sod mome		11 months
-	gave rise to immediate (OHOHO CALLO CAL	GIIIO::/a		LI EIOHGHS
	couse (a), stating the <u>under-</u> lying cause lost.				
	10	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IALD SEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPS
1.	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFI				PERFORMED? YES NO
	20b. DESTORED TO THE STATE OF A CONTRIBUTING CAJSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II of Item 18.)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY (Home, farm,	20f (City or town)	(County) (Stat
	20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a.m. 19 while at wor	Not while to	ctary, street, office bldg., etc.)		
	21. I certify that (I) (this hospiral) attend		June 3 19	60ta Tune 27	19 60that (I) (wet la
	saw the deceased alive and une 21.				on the date stated above
	220 S'GNATURE	. 0			22b DATE SIGNE
	hondes I,	Mengel	M D PHYS DIR	STAFF ECTOR PHYS ST	6/21/60
	22c. PHYSICIAN'S		22d. ADDRESS Th	ne Clinical Ce	nter . NIH
	NAME (Type) Charles E. Meng	el, M.D.	Bethesda 11	, Maryland	*
	23g BURIAL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY C		23d LOCATION (City, lown, or	r county) (State)
	Burial 6/24/60	Fort Lincol	n Cemetery		ges Co nty Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wash.	DC , 250 REC'D		TRAR'S SIGNATURE
	The S.H. Hines Co. 2901	14th St., N.	W.Y DATE JU!	N 2 2 '60 a	Elun S. Kraus
					The state of the s

in papers, Pages I and 2 should be filed with hours ofter death. after death Page 4 may be , sed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit perm.t. Then please remays expan papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any even, with his plants ofter death. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI

VR A1S (4) SM 9/59



TO HOSPI

VR A15 (4) ISM 9/59

ofter death Page 4

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1	1. P	HACE OF DEATH LOUNTY MONTGOMENT	7		MARY	LAND	2. USUAL RESIDENCE STATE Pennsylv	E (Where de Zania	ceased to	ved If institution b COUNTY	n Residenc	e before admi	ss'on)	
		CITY OR TOWN (IF RURAL and give ned Dots edda.	outside corporate limi arest town)	ts, write	82 days	IN 1b	c. CITY OR TOWN (If outside corporate limits write RURAL on Carlisle					nd give nearest town)		
and the last			AL (If not in hospital, g	jive stree			d. STREET ADDRESS					e. S RESIDENCE ON A FARM? YES NO		
4	T	ne Ulinica	al Center,	Leti	Lesda 74, in									
	3. N	NAME OF DECEASED	Fir		Last	4. D.		Mont	h	Day	Yeor			
	(Type or print) Joseph				Paul		Eichhorn		DEATH June			25 19 60		
	5 \$				RRIED NEVER MARRIE	444	DATE OF BIRTH			last birthdoy)	Months	Doys Hour	1 .	
-	_	Hale	Thite	WIDOV			ebruary 1			LU yrs.	100 01711			
I	1	during most of worki	N (Give kind of work ing life, even if retired	done 10b)	. KIND OF BUSINESS O	r indust		_	_	itry)	12. CITI	ZEN OF WHAT	COUNTRY?	
		Strateurt FATHER'S NAME			None		Penns:		.a.		1	U.S.A.		
		Theodore F	11.51 11.52				Mary E.							
	1s. 1	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	S. SOCIAL SECURITY NO	17, INF	DRMANT The 1			econd Addr	ess			
	(TOS,	No, or unknown)	If yes, give war or dates of s	ervice)	Nore		Clinical					Maryla	nd	
	٦	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN LONSET AND DEATH												
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Disseminated aspergillosis										2 r.ceks		
		3 4	DUE TO)										
		Conditions, Fony, which by Active lymphocytic leukemia										3 years		
		couse (o), stoting the <u>under-</u> lying couse lost.												
	Z	, (-)												
	CERTIFICATION											PERF	ORMED?	
		206. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED.	(Enter noture of injur	ry in Port I d	or Port II	of item 18)			- E	
	MEDICAL	20c. TIME OF INJURY Hour o. m p. m.	f Month Doy, Ye	While			E OF INJURY (Home, ery, street, office bldg.		(City or	town)	(0	County)	(Stote)	
		21 I certify that (I) (this haspital) attended the deceased from April 14 . 19.60, to June 25 , 19.60, that (I) (we) last												
1		saw the decease	ed alive an علياً				oth accurred at	F TWOTH	ram th	e causes an	d an the	date state		
/		220 SIGNATURE	1.1	,		,	ATTENDING _	MED		STAFF			SIGNED	
		M.D. PHYS DIRECTOR PHYS D 6/26/GC 22c PHYS CIAN'S												
		NAME (Type)	Y 3 MILE		1		NIH, BU			al Cont				
	23a	BUR AL, CREMAT OF	A. 236. DATE THEREC	2 -	23c NAME OF CEME	TERY OR	CREMATORY	23d. 1	OCATIO	N (City, town o	r county)	(S+	ofe)	
		REMOVAL (Specify) Burial	6/29/60)		ick'	s Cemete	ery	Cumi	perland			a.	
	24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	37		REC D BY R				1.4		
	Robert As Pumphrey Bethesda, Maryland DATE JUN 28'60 Cirling S. Kraus													



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY COUNTY District of Columbia MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 2 days Washington Bethesda (Rural d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U. S. Naval Hospital 3866 9th St., S.E. - Apt. 302 YES NO IS 3. NAME OF 4. DATE Middle Month Day Yacu DECEASED OF (n) DEATH ERQUIZA 21 1960 (Type or print) Joseph June IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED KT B DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Dgys Male Malayan DIVORCED [6-19-60 WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. None Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jesus ERQUIZA Ascension Vera BILLENA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No None Hospital Records CAUSE OF DEATH [Enter only one couse payrine for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 206 DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg , etc.) Hour o m While Not while of work of work p. m 21. I certify that (I) (thicks spital) attended the deceased from June 19 June 21 , 1960 , that (1) 00€) last 55AM from the causes and an the date stated above saw the deceased alive an June 21 19.60, and that death accurred of 220 SIGNATURE 6-21-60 MED DIRECTOR MD 22c. PHYS CIAN 22d ADDRESS NAME (Type) MC, USN Fred W. U. S. Naval Hospital, Bethesda, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 6-24-60 Burial Mt. Olivet Cemetery Washington 256 REGISTRAR'S SIGNATURE 24 CUINERAL DIRECTOR'S SKONATURES **ADDRESS** 250. REC'D BY REGISTRAR JUN 2 4 '60 arthur & Kraus Funeral Home, Bethesda, Md. DATE

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remation,



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY files. Health, a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 aral director. 0 AL and give herest town) 21+2 (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO Y 3. NAME Middle DECEA OF DEATH after VOORS IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Filiday) Months WIDOWED DIVORCED SUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? don'y during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 1 16. SOCIAL SECURITY NO. 17. INFORMANY no, or unkown) | (If yes give wer or detes of serv.ca) 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN INSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which (b) gave rise to immodiate cause **DUF TO** (a), stating the undarlying PART II, OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 NO V pino 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f., (City or lown) 20c. TIME OF INJURY Month, Day, Year [County] (Stote) fectory, street, office bldg., etc.) While Not While Hour s.m. al work at work Ċ O Inquiry V. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection & ... and in my opinion DIRECT death resulted from: Natural causes M Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute the should be for pruneral I SIGNATURE DEPUTY MEDICAL EXAMINER NAME [Type] Address (Streat, city, town, or county) 22a, BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Darnestown Church Cem | Darnestown, Maryl <u>루</u>40 Burlal 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryland Robert A. Pumphrey arthur S. Thous DATE UN 1 6 '60 5M 7/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, 2. USUAL RESIDENCE (Where deceased lived - If institution, Residence before admission) PLACE OF DEATH Montgomery b. COUNTY MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write 28 Bethesda (Rura) D 21 hrs. Midway Island NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Davis Apartments S. Naval Hospital YES NO. NAME OF 4. DATE Day First Middle Month OF DEATH DECEASED 18 19 60 Robyn Ann FARRINGTON June (Type or print) death 5 SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months 6-17-60 Female Caucasian WIDOWED DIVORCED of t 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Virginia None puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -Judy Ann LIDDY Daniel O. FARRINGTON 17 INFORMANT Address 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Hospital Records O No None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DNGQNITAL IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY burial-tra PERFORMED? YES 🕟 NO 🗌 20g ACCODENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18) the (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d, INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Wh le Not while of work of work June 18 June 18 , that (I) (XX) lost 21 I certify that (1) http://www.discounter.com. saw the deceosed olive on. ond that deoth occurred at ____ M, from the couses and on the date stated above OR: 220 SIGNATURE led by ATTENDING 6-19-60 PHYS M.D. DIRECTOR [PHY5 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. W. BRAMLETT. LT. MC. USN 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Burial (Specify) 6 - 21 - 60Arlington National Arlington ٧a. 0 NEBAL DURINTOR S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE un Pumphrey Runeral Home. Bethesda. Md. JHN 21 '60 allow & Hears 15M 9/59

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY b. COUNTY Tennessce MARYLAND Montgomery Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RJRAL and give nearest town) Johnson City 22 days Bethesda d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS B. IS RES DENCE The Clinical Center, Bethasda lh. Route # 1. Greenwood Drive YES NO TO Md . 4. DATE NAME OF Middle Month Day Year DECEASED Fillers Jack DEATH (Type or print) Lean June 19 60 IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday] Months Doys Hours Male White WIDOWED [DIVORCED [May 5. 1931 10c. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Service Station U. S. A. Attendant Tennessee 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Bruce Fillers Bonnie McKinney 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Clinical Center, Bethesda 14, Harvland no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING A 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port It of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while. of work of work ta_June_8____ 1960, that (1) (we) cast 21. I certify that (I) (this haspital) attended the deceased from May 19 60, and that death accurred all 1400, from the causes and an the date stated above. saw the deceased alive an June 220 S GNATURE 9/60 ATTENDING MD. 22c PHYSICIAN'S 22d. ADDRESS Clinical Center, National NAME [Type] Harold J. Fallon, M. D. Institutes of Health, Bothesda 14, 230 BURIAL, CREMATION, 23b, DATE THEREO! (Stole) 60 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Thous

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death. funeral



CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY o. STATE b. COUNTY MARYLAND funeral uld be fi b. CITY OR TOWN (If outside constrote limits, write RURAL and give negres lowp) MIGTH OF STAY IN 16 c. CITY OR TOWN, (If outside corporate limits, write RURAL and give negotist town) shauld Bette 50 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION. 2 YES | NO X an puo Ξ NAME OF 4. DATE First Middle Manth Day Year Last filled DECEASED OF lmer DEATH Poges (Type or print) 1960 9. AGE (in years last birthday) IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH completely Months Doys Hours DIVORCED | WIDOWED [yrs. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? after death Washing during prost of working life, even if retired) puo Teres carbon FATHER'S NAME MOTHER'S MAIDEN NAME physician hours edse remove IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address and ottending p 72 2 1200 within 18. CAUSE OF DEATH [Enter only one cause per line for-(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY: 1 more IMMEDIATE CAUSE (a) 를 **DUE TO** any Conditions, if any, which After this certificate has been signed gove rise to immediate DUE TO couse (a), stating the underond lying couse lost. **burial-fransit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY remayal, PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. Por 196 Ghat I last saw the deceased 21. I certify that I attended the deceased from detoched buriol, and that death accurred at local alive an_ moy be resolved by the TO FUNERAL DIRECTOR: page 3 should be detact ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL SIGNATURE N. JONES STEPHEN PHYSICIAN'S the registrar NAME (Type) 22a. BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7/2/60 GATE OF HEAVEN CEMET MONTGOMERY COUNTY, MARYLAND 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** SILVER SPRING, MD. INC. JUL 6 '60 arthur S. Kraus VS A1S (4) DATE 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. Page

The law requires that the death certificate be executed within

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LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 1/2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

126	CERTIFICATE	OF	DEATH

		71	26	CERT	FIC	ATE OF D	EATH	1	,	Reg. D	07	054
1.	PLACE OF DEATH COUNTY Montgomer	У		MAR	'LAND	2 USUAL RESID		ere deceased	l lived If institu b. COUNT	Y		ebec
		f outside carporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR T	OWN (If o	ulside corpo	rate limits, write	RURAL and	give neo	irest tawn)
1	d NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, g				d. STREET A	DORESS		-			e. IS RESIDENCE ON A FARM?
-	The Ulini	cal Center			Md.		ge_St					YES NO D
3.	DECEASED (Type or print)	Fsr		Middle		Lost		4. DATE OF DEATH		anth -	Da	
-	SEX	, 6. COLOR OR RACE		Glad		Fish B DATE OF BIRTH		DEATH		June	PIVEAR	19 60 IF UNDER 24 HRS
	Female	White	WIDOW		0	July 10	. 190		9 AGE (In year last birthday) 57 yr	Months	Days	Hours Min
10	during most of work	ON (Give kind of work- ting life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11 BIRTHPL	ACE (State	ar fareign co	ountry]	12 CI	TIZEN O	F WHAT COUNTRY
	Housewife		'	None			Mai	ne			T	S.A.
13.	FATHER'S NAME					14 MOTHER'S		All the latest and the				
	Holman Cu	rrier				Clara	Whit	e				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT Th	e Mad	ical 1	Record Ad	dress		
	No			ascertaina	- 1	The Cli				nesda	14.	Maryland
		TH [Enter only one co	use per li	ne for (a), (b), and (c)	-]						INTE	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE to	Pul	monary ede	ma a	and brone	ho pne	umonia	3.		5	days
	1775	DUE TO		-								
	Conditions, if a		Adr	enal corti	cal	carcinom	a				1	vear
	gave rise to in cause (a), stating)									
	lying cause last.	(c)									
CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION G	IVEN IN PA	RT 1(a) 1	PERFORMED?
	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of	enjury in P	art 1 or Part	Il of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yes	While	Not while at work	20e. PL fo	ACE OF INJURY (F ctory, street, office	lame, farm, bldg., etc.	20f. (City	or lawn)	((County)	(Stote)
L	21. I certify th	ot I attended the	deceas	ed from Marc	h 19	19 60	to Ju	ne l	1960) that I	lost se	ıw the decease.
	olive on Jun		19						the couses	and on!	the dat	le stated above
П		1 0	1						reet, city or town		1110 001	DATE SIGNE
	ACTUAL SIGNATURE	lan (Ler	with				al Ce				6/1/60
	PHYSICIAN'S					Natio	nal I	nstit	ites of	Healt	h	
L		aul Genuth	, its	D.		Betho	sda l	lı, Mar	ryland			
22	BURIAL CREMATION	N. 22b. DATE THEREC	E	22c NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)
pane.	ur-Trans	t = 6/5/6	0	Mt. Hop	e C	emetery		Augu	sta, M	laine		
	FUNERAL DIRECTOR'S			ADDRESS	34-			BY REGIST		SISTRAR'S SI		
1	Robert A.	. Pumphre	y i	ethesda,	Ma	ryrand	DATE 1	HIN 3	'60	arthur	8. K	media



Bethesda, Maryland

arthur & House

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VS A15 (4)

Robert A. Pumphrey

after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

2 2		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Reg. Dist. No.
blad (M)	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If In	stitution: Residence before admission)
5 5		o. COUNTY MARYLAND	o. STATE Maryland b. cou	MY M ontgom ery
Poge burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL ord give neotest found)	c CITY OR TOWN (If outside corporate limits, w	rile RURAL and give nearest town)
		Bethesda 6 Hrs.	14 7 Bethesda	
tar.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RES DENCE ON A FARM?
Prior prior	.L	Suburban	/ 9932 Mayfield Dr.	YES NO
y cle	3.	NAME OF First Middle	Lost 4. DATE M	onth Day Year
		(Type or print) Dallas Francis Flynn	OF DEATH	June 5 19 60
for a	5.	SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8	DATE OF SIRTH 9 AGE (In year loat birthdoy)	
2		Mole White WIDOWED DIVORCED		rs. Months Days Hours Min
2 1 2	10	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
8 8 8	L		Virginia	U.S.A
200	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- E 35	L	Tohn Fismn	Eliza Hefflin	
Page 5 age 5 a page		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M	FORMANT 101 Indian Sp Rdd.	Silver Spring, Mc
a E	L		s Kethryn Linds reen (I	
S WA3		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
E 8 7		PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (6)	ula accept	6 hrs.
Par for		3 DUE TO		
to with the state of the state		Conditions, if any, which) (b)		
pencil in Slong with buriol-tro		gove rise to immediate couse ((a), stating the underlying DUE TO		
a burio		couse lost. (c)		
. iii 8	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(d) 19. WAS AUTOPSY
ding sed of	CATION			PERFORMED? YES NO
De u	CERTIF		ter nature of injury in Port I or Port II of Hem 18)	
5 E S	4 5			
shock	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLA: Hour a m. While Not white foch	OF INJURY (Home, form, 20f. (City or town)	(County) (State)
는 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	MEC	Hour a. m. P. m. 19 While Not while form of work of work	y, sites, enter angl. every	
Medit Medit	П	21. I certify that I took charge of the remains described abo	e, held an Autopsy 🔲, Inspection 🛭	Inquiry 7, and find that
Biet in		death resulted fram: Natural causes , Accident , Sui	de 🔲, Hamicide 🔲, Undetermined	d cause .
a O E				*******
ificat of the DIREC	1	SIGNATURE Trans a. Brownhart	M.D. CHIEF MEDICAL EXAMINER	Candis atad
D A B			ASSISTANT MEDICAL EXAMINED	
Pag.		NAME (Type) Frank O. Brochart	DEPUTY MEDICAL EXAMINER	6-5260
FUN	22	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	REMATORY 22d LOCATION (City, tow	n, or county) (State)
2 ° 2 °		Burial June 8, 1960 Fairfax	Fairfax.	Virginia
A 3 C 6 A C 7 E 3	23.	LEUNERAL DIRECTOR'S SIGNATURE ADDRESS		GISTRAR'S SIGNATURE
S A15ME(5) 5M 9/55		By Manager Fairfax, V	irginia DATHUN 8 '60	-That & Kings

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14-

7		- "	VAL 20 202	MARY	LAND	STATE DEP	ARTME	NT OF H	EALTH	-BALT	IMORE, 1	8		
·				70	51	CERT	IFICA	TE OF E	EATH	1		Reg. Dist.	0.705	57
		1.	LACE OF DEATH	Montgomers	7	-11	E.April	o. STATE	vland	ere deceased	lived. If institution b. COUNTY		before odmi	·
death.			CITY OR TOWN (III RURAL ond give no Takoma	outside corporale lim arest town)		c. LENGTH OF STA	Y IN 16	c. CITY OR T	OWN (If o		te limits, write Ri			
ofter after	1: -		OR INSTITUTION	AL (If not in hospital,	-	oddress)		d STREET A					ON.	SIDENCE A FARM?
a pu	40		Washingto	n Sani tari					5 Ivy) NO (5)
filled ges 1 c			DECEASED Type or print)		irst	Middl		Fowle		4. DATE OF DEATH	Mon J	une	18	19 60
d withi		5. 5	female	6. COLOR OR RACE	7. MARR	NEVER MARE		DATE OF BIRTI		9	. AGE (In years lost birthday) yrs	Months D	YEAR IF UND	
d camp n paper deoth.		10a		IN (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS	OR INDUSTI	RY 11. BIRTHPL	ACE (Stote)		intry)		ted S	
ian and carbor offer o		13.	FATHER'S NAME					14. MOTHER'S				0111	Lua S	Cerces
		15	Morgan Re	ne Fowle	00562 34	COCIAL CSCHOOL A	O 117 M15	Mary	Eliz	abeth				
ing physics remove		[Yes	no or unknown)	If yes, give wor or dates of	service)	SOCIAL SECURITY N	O IV INF		other		Addi	·ess		
deat lend oleo ithir				TH [Enter only one c							-		INTERVAL 8	ETWEEN D DEATH
the of min with			PAKI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0	Intervent		-					5 / 1/4	12n
y h			1-4.0	DUET	ΣX	Patent fo		riosus	& Fa	tent				
res t rmit any			Conditions, if or		b)	Duccus	Alte	TTOOUS						
requi		_	couse (a), stating tying couse lost.	he under-	c) (Conpenita								
physic tos bee riol-tra	in the second	CERTIFICATION		ER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY DRMED?
AN: T ending ficate h ficate h the bur or ren			200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRED	(Enter nature o	f injury in P	ort I or Part I	l of item 18.)		,	
HYSIC or off is certificated as motion,		MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	While	Not while	20e PLAC fecto	E OF INJURY (I	Home, form, bldg., etc.	20f (City o	or town)	{Cou	inty)	(Stote)
spital er th for		2		at 1 attended the			- 16-	19/00), ta.	6.0	2 19-0	that I la	t cour the	deceased
NDIII le ho t: Afri sched			clive an	6.17			t death o	ccurred at	1 3 4	_M, from	the causes a			
ed by the RECTOR be determined to be det	1		ACTUAL SIGNATURE	out C.	Jan	the no	<u> </u>	s. 37		LODRESS (Sire	et, city or town,	stote)		ATE SIGNED
should strong pi			PHYSICIAN'S 'NAME (Type)	_Robert W	arthe	n. W.D.		K	E315	INC.	, u /	117)	
HOSPI oy be FUNE oge 3		220	BURIAL CREMATION	N, 22b. DATE THERE	OF.	22c NAME OF CEN	AETERY OR	CREMATORY		22d LOCATIO	ON (City, town, o	r county)	(Sto	ite)
moy l	`		eemation		60	Wash. S	an s	Hosp				Park	N	24
VS A15 (4)		23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRA		TRAR'S SIGN		
15M 10/57		L	Robert	Hare, H.D.	777	h. San · &	Hosp.		DATE JUI	2 8 '60	. Ch	(hur & A	Crans	
10000			* 13	1 5 2 1	7 3	XV.	2 1							



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

7028 CERTIFICATE OF DEATH

	1 PLACE OF E o. COUNTY	EATH	MONTGOVERY	7	M	ARYLAND	2 USUAL RESI		re deceased in		on: Residence be MONTGOM		nission)
	RURAL on	id give ne	f outside corporate lim sarest town) SPP.ING	its, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR		etside corporate ER SPR		URAL and give r	nearest to	own)
	d. NAME O OR INSTI	TUTION	AL (finot in hospital, p 9707 DILST				9707		'ON ROAI			ON	RESIDENCE I A FARM?
	3 NAME OF DECEASED (Type or pri	nt)	ALF(Mid S •		FT1SCO	Ť	4. DATE OF DEATH	Mon J	th ITMIE	Day 1	Year 19 60
	S SEX		6 COLOR OR RACE WHITE	7. MARR		RRIED 🔲	B. DATE OF BIRT 4/30/2		9.	AGE (In years ost birthdoy) 36 yrs.	Months Day		
	100. USUAL OC during mos EXAMIN	st of work	DN (Give kind of work ling life, even if retired)	KIND OF BUSINES		Gov't.	`	inston	**	U.S.		T COUNTRY?
	13. FATHER'S N		Fusco				14. MOTHER'S	MAIDEN NA		De Nenn	a		
	15 WAS DECE.		R IN U. S. ARMED FOR Iff yes, give war or dates of s VIW #2	annest I	SOCIAL SECURITY	1	NFORMANT			Add	ress		
	Condition gave ricouse (a) lying cou	RT I. DEA ons, if a se to I , stoting use lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO which mmediate the under- MER SIGNIFICANT CON)))	Carci	non	preu na of	mone the	male male	ONDITION GIV	tusseo	8 N	FORMED?
1	OR CONTI	NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye		Nat while	20e Pi	D. (Enter nature of ACE OF INJURY (chary, street, office	Home, farm,	20f. (City or		(Coun	YES ((State)
	21 I cert saw the 22a, SIGN 22c, PHYSI	p m tify the decease	at (I) (this hospital ded alive on A)	at worl	ed the deceas		death accurred M.D ATTENDIN PHYS. M.D 22d. ADDR	d al (400)	D	une I e causes an	19.60 Id on the do	4 . 1	, , -,
	23a BUR AL, C REMOVAL	(Specify)	6/6/50	OF	23c NAME OF C			RY	ATITN	7	TRGINIA	ì	rtgre)
	Pay	RECTOR	S SIGNATURE	Ka:	ADDRESS STLVT'D	SPRI	MO, MO.	250 REC'D	BY REGISTRA		than S. Hu		



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07059

		CERTIFICA	IE OF DEATH		
I. PLACE OF DEATH o. COUNTY	lontgomery	MARYLAND	2, USUAL RESIDENCE (WE o STATE Mary)	b. col	stitution. Residence before admission) UNITY Montgomery
b CITY OR TOWN RURAL and give Chevy		c. LENGTH OF STAY IN 16	Chev		rile RURAL and give nearest town)
d NAME OF HOSP OR INSTITUTION	Essex Strage		/ d. STREET ADDRESS 4727	Essex Star	e is residen on a farr yes \[\] no
3. NAME OF DECEASED (Type or print)	Mary	Middle M	Gerig	4. DATE OF DEATH	June 7 19
s sex Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	1/13/98	9 AGE (In) last birthe 62	yeurs IF UNDER 1 YEAR IF UNDER 24 doy) yrs. 4 Days Hours M
JSUAL OCCUPAT during most of wo HOUSE	ION (Give kind of work done 1 rking life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State Ohio	or foreign country)	12 CITIZEN OF WHAT COUN
13. FATHER'S NAME	Bloss	ser	14. MOTHER'S MAIDEN N	VAME KTLOWTI	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	None 0	FORMANT Benjamin (Gerig-Husb	Address eand-same 2d
Conditions, if gove rise to cause (a), stating lying cause lost Part II O	immediate DUE TO the under- (c) THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTO PERFORMEL YES NO
200 ACCIDENT WORLD	AS UNDERLYING A 200. I G CAUSE OF DEATH Y MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Port II of item 1	
ZOC TIME OF INJU	W		ACE OF INJURY (Home, form ctory, street, office bldg, etc.)		(County) (S
21 I certify th saw the decec 22a SIGNATURE		ended the deceased fram. 1960, and that	death accurred at Zie	PM, from the cause	es and an the date stated abo
22c PHYSICIAN S NAME (Type)	W.B.WA	redrop M	22d. ADDRESS	ERSHING	Drive Silver Sp.
Builal Specify	6/10/60		Cemetery	23d. LOCATION (City, to Rockvill	e, Maryland
Robert A	• Pumphrey	Bethesda, Mar	ryland DATAUN		REGISTRAR'S SIGNATURE Orilly S. Kraus

after death. Page 4 may be I do by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filled will the State Board at Health prior to burial, cremotion, ar remayal, and in any event, within 2 hours after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.5 TO HOSPI

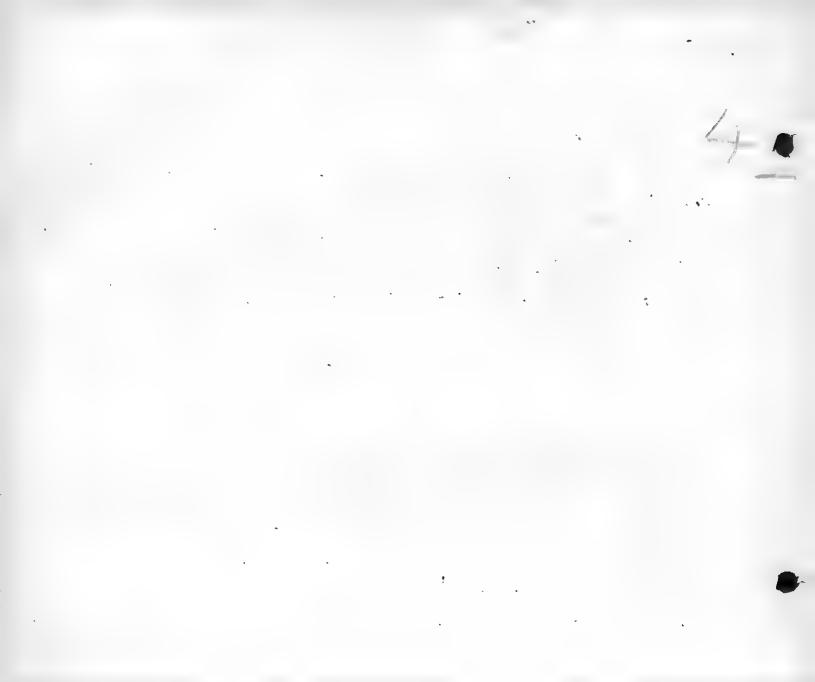
VR ATS (4) 15M 9/59



	П	MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMORE,	18
		7052 CERTII	FICATE OF DEATH	07061) Reg. Dist. No.
)	1.	PLACE OF DEATH O. COUNTY MONTGON-LAY MARYL	AND 2. USUAL RESIDENCE (Where deceosed lived. If institution of STATE b. COUN Maryland	ortion: Residence before admission) TY Montgomery
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Takoma Park 3 days	N 1b c. CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest fawn)
d.	1	d, NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3	Washington Sanitarium & Hospital NAME OF DECEASED Middle	OF 05	YES DANO Annth Day Year
	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In year lost birthdo)	une 24 1960 Ira IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10	female White WIDOWED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	□ June 21. 1960	12. CITIZEN OF WHAT COUNTRY
		baby FATHER'S NAME	Naryland	linited States
		not given was deceased ever in u. s. armed forces? 16. social security No.	Patricia Ann Goforth	4.5
	17	10. SOCIAL SECURITY NO.	17. INFORMANT A	ddress
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	ritiz	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which) (b)		
		gove rise to immediate cause (a), storing the under-lying cause last.		
*	CHRTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO
	CHRTIF	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF OR CONTRIBUTING 206 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Part I or Part II of Item 18.)	
	MINICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Nat while at work of work	20e PLACE OF INJURY (Home, farm, 20f (City or tawn) factory, street, office bldg., etc.)	(County) (State)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	death accurred of M, from the couses	24, that I last saw the decease
1		ACTUAL SIGNATURE 11/12 Comond	ADDRESS (Street, city or tow	
		PHYSICIAN'S H.H. DIAMOND	mostly the	Spring Ind
		D. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMET REMOVAL (Specify) 6-28-60 WASh. Pari	TERY OR CREMATORY 2nd LOCATION (City, town to picking + Hospital Takoma	n, or (ounly) (State)
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert Hare, M.D., Wash. San. ; He	240_REC'D BY REGISTRAR 24b RE	GISTRAR'S SIGNATURE Outling & Kraus
into and		3 0 7 -	iour Ter o ool	



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	07061
	-	7129 CERTIFICATE OF DEATH	j. Dist. No.
De filed will	φ.	COUNTY MARYLAND O. STATE b. COUNTY CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. C. CITY OR TOWN (If outside corporate limits, write RURAL	sidence before admission) (10/110/14 And give nearest towns
1	d d	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Plus e. IS RESIDENCE ON A FARM? YES NO IN
	D	AME OF CEASED CASED CONTROL OF CEASED CONTROL OF	Day Yeor 25, 1966 NDER 1 YEAR 15 UNDER 24 HRS
to la	1	USDAY OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY, V. BIRTHPLACE (State or foreign country) lutring most of working life, even if retired)	2. CITIZEN OF WHAT COUNTRY?
E Z	15 V	Address Name Ad	Desingto ;).
ot within 7		B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
200 EI 000 EI 00		Conditions, it any, which gave rise to immediate cause (a), stating the under-lying couse lost. DUE TO Coronary Chroniles Coronary Chroniles Coronary Carterial Coronary	6 hrs.
	IF CATION	PART 17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 19 On ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	L CER	DR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 1	(County) (State)
buriol, crem		slive an $6/25$, 1960, and that death occurred at 65 M, fram the causes and as	
ror prior to		ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) M.D. Rockwille, may HYSICIAN'S IAME (Type) Stephen ADDRESS (Street, city or town, state)	G/26/60
the registror		SURIAL, CREMATION, 22b. DATE THEREOF. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or counterproject) 22d. LOCATION (City, town, or counterproj	Inty) Tillow
	23. F	UNERAL DIRECTOR'S SIGNATURE ADDRESS WARK 9 D C 240. REC'D BY REGISTRAR 246 REGISTRAR 246 REGISTRAR 246 REGISTRAR DATEJUN 28'60 Chilun	S. KLALA



26.1	Je y	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
0	*4.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07062
d b	11	7100 Item 9 Filmuzed 6-21-60 et Reg. Dist. No.
ase	-1	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY
10 4 S	1/1	Montgomery MARYLAND Maryland S. COUNT-Montgomery
any. age urial	λ	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town)
cess.	W	Bethesda 1 hours Hyatsville /6 X-
ctar ar I	4 / 763	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
o a	. 74	Suburban 1619 61 st. Ave.
de sir a	,	3. NAME OF First Middle -Last 4. DATE Month Day Year OF
yan ya		(Type or print) Claymond August Granam DEATH June 12 19 60
he f		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER 1YEAR IF UNDER 24 HRS
in the		Male Negro WIDOWED DIVORCED CUCS 20/34/3579 yrs.
Se de		10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
in g a g	1	Plum Sandary Commission la. USIT.
0 C C	/	13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME
Page 1	•	John Granam Edna Thomas.
24 29 29 6 9		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If you, give wor or dates of service) Address
aring of the second		yes. 2018 1166 lugle, Clarance hourse l'an
P. W.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
of a light		PART I. DEATH WAS CAUSED BY: Herriation of Brain Stein Sudden
Sycon Ing Sh fo		DUE TO) +
be in the state of		Conditions, if any, which gove rise to immediate cause to Anticle Property Coloma Land
ong orig		(a), stating the underlying DUE TO POLAR SALE TO
2 c c c c c c c c c c c c c c c c c c c		couse lost. (c) I your thirt fixe lune. Ancien
g: g	- 24.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
osed Osed		3 Was striver of anto which which out of control of expect YES NO
De la		200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nations of injury in Port I or Port II of isem 18.) PRIMARY FOR OF DEATH.
This man		
ER:	1	20c. YIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (Stole) Hour
MIN Barbar	1 -	7:15 p.m. 6-12 1960 of work of M. 3 R-240 Rockralle monty md
F M F		21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🖸, and find the
Chie		death resulted from: Notural causes, Accident 🔀, Suicide, Homicide, Undetermined cause
be che	No.	DATE SIGNED
MAED POR		SIGNATURE M.D. CHIEF MEDICAL EXAMINER M.D. CHIEF MEDICAL EXAMINER
ZAL Ival	,	EXAMINER'S TIAL GOVERNMENT CONTROL OF THE STATE OF THE ST
War War		NAME (Type) FRANK J. ISTUSER 2 MT DEPUTY MEDICAL EXAMINERS
2 2 2 2 2		220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tolyin, or county) (State)
5 . 5 .		Clarat 10-16-17 by Clarington / let Well D. C.
VS. A15ME(5)		23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
5M 9/55		AKI DONG O X HOLLAM CIGURARIO DATE, WITH S TO MAN S TO MAN
		ma_i



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where dejeased lived. If institution Residence before admission) COUNTY **b.** COUNTY MARYLAND soule b. CITY OR/TOWN (If out the corporate limits, write RURAL and give neares fown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside-corporate limits, write RURAL and give nearest fown) ORNELL in haspitologive street address rs . Home d. NAME OF HOSPITAL IIS d. STREET ADDRESS IS RESIDENCE YES NO T NAME OF First Middle 4. DATE Month DECEASED IELL (Type or print) DEATH 1960 KI Garage 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF SIRTH Months Days WIDOWED N DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE Estate or foreign country 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address All yes, neve were no de 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). ONSET AND DEATH TTO a. **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(6) 19, WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour 0. m. factory, street, office bldg., etc.) While Nat while at work or wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 10:00 M, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER oge 3 s 220 BURIAL, CREMATION, 22b. DATE THEREOI 22c NAME OF CEMETERY OR 22d LOCATION (City, town, or county) pode 23 FUNERAL DIRECTOR'S SIGNATURE 1/240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) '60 arthur L. Misus DATE 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Virginia b. COUNTY MARYLAND Montgomery b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn Bethesda (Rural 1 hr. Alexandria d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS a IS RESIDENCE ON A FARM? OR INSTITUTION U. S. Naval Hospital 307 Wellington Road YES NO T NAME OF Middle 4. DATE Day Last Manth Year DECEASED Gerald Leslie HANN DEATH June 60 death 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years last birthday) Months Hours Caucasian WIDOWED DIVORCED | Male 1-21-60 YES popers. 10a. USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CIT-ZEN OF WHAT COUNTRY? U.S.A. Maryland None **III**IIIO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME .⊆ Pattie PACE Edgar L. HANN 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hospital Records None No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN! ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Canditians, if any, which (b) gave rise to immediate per DUE TO cause (a), stating the underlying cause last burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH 19 WAS AUTOPSY CATION PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. Nat while While at wark at wark o. m 19 60 to June 15 21 1 certify that 20) (this haspital) attended the deceased from June 7. ____ 19_60 that 20 (we) last __19 60, and that death accurred all. 12M, from the causes and an the date stated above. saw the deceased alive on June 15 0 22a SIGNATURE 22b DATE RAL DIRECTO MED DIRECTOR STAFF PHYS 6-16-60 MD PHYS 22c PHYS CIANYS 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. G. B. AVERY. LT. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 236 DATE THEREOF 23d EOCATION (City, town, or county) (State) Burial (Specify) Arlington Virginia Arlington National 0 THE THE RECTOR STUDIES 25g REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **ADDRESS** DATE JUN 1 7 '60 arthur & though Alexandria, Va. Home

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ofter death.

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) director, Page or your files. a. COUNTY e. STATE b. COUNTY MARYLAND omen b. CITY OR TOWN (if outside corporate I mits write RURAL and g very earast town) I. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give, perast town) 10 Mas d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give straft address) . IS RESIDENCE ON A FARM? YES NO 3 NAME OF 4. DATI DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE 17. MARRIED B. DATE OF BIRTH (In years HE UNDER 1 YEAR IF LINDER 24 HRS. NEVER MARRIED birthday) Months DIVORCED USUAL OCCUPATION (G va kind of work BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Give h MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO., 17. INFORMANT (Yas, no, or unkown) (If yas give war or dates of service) 18. CAUSE OF DEATH Enter only one cause par line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO gave rise to immediate cause DUE TO (a), sletting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81 19. WAS AUTOPSY PERFORMED? NO o 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of Injury In Peri I or Peri II of Item 18) PRIMARY TO OF CONTRIBUTING age 5 con worm <u>⊕</u> € 20d, INARY OCCURRED 200, PLACE OF INJUSY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Slete) Not While Whila al work st work prior 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion 0 lease execute the certific should be forwarded to PUNERAL DIRECTO death resulted from: Natural causes Accident Suicide 🙀 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) CREMATION. 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) (Stele) 240 p 23. FUNERAL DIRECTOR 240. REC'O BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



VR A15 (4) 1SM 9759

MARYLAND STATE DEPARTMENT OF HEALTH

7133 CERTIFICATE OF DEATH

	(3	PLACE OF DEATH COUNTY Montgomery	Ť		MARY	LAND	2 USUAL RESID STATE Pennsy	,		d lived. If institu b. COUNT		ce before	admiss'o	in)	
			outside corporate limit	s, write	c. LENGTH OF STAY	IN 16				rate limits, write	RURAL and g	jive nearet	20.00		
7		Bethesda	aron raving		97 days		Emmaus	3				75 X	· <u>~</u>		
4.	C	OR INSTITUTION	AL (If not in hospital, g	ve street	address)		d STREET AD	DDRESS					IS RESID		
· ,			al Center.	Bet	hesda LL. M	id.	3/19 Sr	ruce	Stree	et			YES 🗌 NO 🎇		
	3. N	NAME OF DECEASED	Firs		Middle		Last		4 DATE	M	onth	Day	Y	ear	
		Type or print)	Will	iam	Foste	er	Harr	ries	DEATH	J	une	17.	, 1	960	
	5 S	EX	6 COLOR OR RACE	7. MARI	RIED TO NEVER MARRIE		DATE OF BIRTH			9. AGE (In year			UNDER	R 24 HRS	
		Male	White	WIDOW	ED DIVORCE	D 📋	August	31.	1920	39 7	1110171772	Days }	fours	Min	
		. USUAL OCCUPATIO		one 10b.	KIND OF BUSINESS O	R INDUS				ountry)	12.CIT	ZEN OF W	HAT CC	DUNTRY	
	Ta	rtile Marı			Textile		1	Jew J	ersev			II.S	5 . 5 .		
		FATHER'S NAME					14 MOTHER'S								
		Herbert D.	Harries				Mamie	Muha							
1	15	WAS DECEASED EVE			SOCIAL SECURITY NO	17 IN	FORMANT The	Med	ical l	Record A	dress				
,		Ves	WJ II		151-11-7659		e Clinic				da Ili.	Mam	rlan	d	
			TH [Enter only one co-	use per fi	ne for (a), (b), ond (c).							NTERV	AL BET	WEEN	
		PART I. DEA	TH WAS CAUSED BY:	Gag	trointestin	al h	emorrhac	B					ho		
		004	DUE TO		الوا. يان _ الوا. وياب ش ش د الط الدوا. إنها _ العال بعاد الما									in timelin - Qual-	
		Condit ons, if or	y, which)	A C11	te myelocyt	ic 1	enkemia					10	mo:	nths	
		gove rise to it cause (a), stating (nmediate (6874_24.	Miles and Mary and the last of the last	ماداما طم	Control of								
		lying couse last.	(c)												
	Z O	PART II. OTH			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDIT ON	VEN IN PAR	T 1(o) 19	WAS A	UTOPSY	
	CATION				liver, kid									NO 🔲	
	证	20a ACCIDENT WA	S LINDERLYING TO	20b DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of	injury in	Part 1 or Pa	rt II of ilem IB.)					
	CERTI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)												
	MEDICAL		/ Manth, Day, Yea	r 20d, l	NJURY OCCURRED		CE OF INJURY (y ar tawn)	((County)		(Stote	
	AED WED	Haur o.m.	19	While of wor	rk at while	IDC	ory, street, office	bidg., eic	-7						
			t (I) (this basnital	atten	ded the deceased	from 1	farch 12	10	60 ta	June 17	106	O that	111 /4	vel lar	
		easy the decade	ed alive as \$1111	e 17	19 60, and	that de	oth occurred	Latil : 2							
		22a SIGNATURE	O V	2	6 7 7 7 7 0110	THUT G	Sull decorred	01-31-1	717 - PORT	The cooses (and an inc	e date s		DATE	
		v	Tens 1,10	au	حله	٨	ATTENDING	m M	RECTOR	STAFF PHYS E			6/1	SIGNED	
		22c PHYS CIAN S	2)	•	1					ical Cen	tor N	ation	- C	7100	
		NAME (Type)	PAIN IS SC	IMAR	M D.					leal th				19	
	23a	BURIAL, CREMATIO	NA 236 DATE THEREC	F	23c. NAME OF CEM	ETERY OF				TION (City, low)			(State		
		REMOVAL (Specify)	6-21-6	60	Grandvi	Otr /	amata-			lentown	,,	Don	,		
		FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			250 REC	D BY REGIS	TRAR 256 RE	GISTRAR'S SIG	Pen	Ha		
		ROBERT A	. PUMPHRI	CY	Bethesda	i, M	d.	DATE JU	N 21 1	60 C	Littur S.	Kraus			



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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7134 CERTIFICATE OF DEATH

	. 0	LACE OF DEATH COUNTY ON TROMERY		MARYLAND	2. USUAL RESIDI		nere deceased lin	b. COUNTY		efore admi	ssiant	
	Ь	CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	DWN (If a	outside corporate	limits, write R	URAL and give	nearest fav	vn)	
	F	RURAL and give need (Rural)	4 days	Port D	ep e si	it			1/X:	- w	
		OR INSTITUTION	AL (If nat in haspital, give street	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Į		1 Hospital		258 La	ffey	Circle,	Manor	Hgts.		NO 🔀	
	3 N	IAME OF	Ferst	Middle	Last		4 DATE	Mar	oth	Day	Year	
		PECEASED Type ar print)	Michael	Arthur	HART	LE	OF DEATH	Ju	ne	13	1960	
	5 S	EX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9	AGE (in years last birthday)	IF UNDER 1 Y			
	P	Male (Caucasian widow	ED DIVORCED	7-3-55			4 yrs	Months Da	ys Haurs	s Min	
	10a	USUAL OCCUPATIO	N (Give kind of work dane 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State	ar fareign coun	try}	12. CIT-ZEN	OF WHAT	COUNTRY	
	1	fone	ing life, even if retired)			Penna	ylvania		U.S	.A.		
	13.	FATHER'S NAME			14. MOTHER'S	MAIDEN I	NAME					
1		Arthur W.	HARTLE		Julia	Rose	GOBEO					
			IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IF	NFORMANT			Ado	Iress			
Ţ		no, or unknown) [If yes, give war or dates of service)	None (F) Arthur	W. E	Martle,	same a	s #2 ab	ove_		
		18. CAUSE OF DEA	TH [Enter anly one cause per	ine for (a), (b), and (c).]		,		1		INTERVAL E		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) B ho new										
		FR7. 3 DUE TO										
		Conditions, if an	iy, which) (b)	what he	ant	-ai	lung	t.		50	1 ys	
		gave rise to in	nmediate DUE TO		1		1			2 2-	-,	
		cause (a), stating to lying cause last	he under-	1) Ground tre	LISTA	SE	0	po ant	MAN	\$4)	200	
	Z O	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERM	INAL DISEASE C	ONDITION GI	VEN IN PART 1	a) 19. WAS	S AUTOPSY FORMED?	
)	CERTIFICATION		chronie 1	malnutriti	en d	u-e	to 1	1 to Election			NO 🗆	
1200	THE	20a. ACCIDENT WA	S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in	Part I or Part II	af item 1B)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	MEDICAL		f Manth, Day, Year 20d.		ACE OF INJURY (H			tawn)	(Cau	nfy)	(State	
	WED	Haur a m. p. m.	19 White	lates	ctary, street, affice	blog, eld	-7					
			(I) (Shirakanasimal) otton	ded the deceased fram	June 9	10	60, ta_	June 13	10 60	that (I)	ool 26361	
		touthe deces	ed alive on June 1	$3_{}1960$, and that 6	death accurred							
		22a SiGNATURE	ed dive dil	serre of and man	Jedin decorred	ريسان	P P II CAII III	c caoses of	da an me d		226 DATE	
		6	1.92 Atver	w. 1	M.D. PHYS.	M M	IED IRECTOR	STAFF PHYS.		6-13-	60 SIGNED	
1		22c PHYSICIAN'S	117		22d, ADDRE							
		NAME (Type)	G. B. AVERY,	LT, MC, USN	U. S.	Nava	al Hospi	tal, B	ethesda	, Md.		
	23a	BURIAL CREMATIO	N, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY		23d LOCAT C	N (City, town,	or county)	(St	tate)	
		REMOVAL (Spenify)	(Removal)	St. Joseph's	Cemetery	7	Middl	etown	Ne	ew Yor	k	
	24.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			D BY REGISTRA	R 25b REG	ISTRAR'S SIGN	ATURE		
	W	alsh Funer	ral Home, 741]	11th St., SE, W	ashDC	DATE	N 1 6 '60	a.	TENER & HE	nteA		

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	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPT. T. PL.	ACE OF DEATH AC
Ba a a a a a a a a a a a a a a a a a a	CITY OR TOWN Lift outside corporate limits. SMATH RY A NO b. COUNTY MODIFIC ORIENTS C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, world-RLIRA) and give negret lown)
o d	TAKOMA / GRK DOA 2/4 SI/GER SPRINGE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J. STREET ADDRESS.
elete 3. N	Wash. SANITARIUM 35 EGSTMOUR DRIUC YES NO 1
DE DE	SCEASED MARY BLYTHE HAY DEATH G - 2 19 6 d X 6. COLOR OR RACE 7, MARRIED NEVER MARRIED FB. DATE OF BIRTH 9. AGE (In years of funder 1 year if under 24 Hrs.)
	WIDOWED DIVORCED 5-13-60 lest birthday Months Days Hours Mn. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired) WASH.D. C. U.S.A.
e ba	Walter's NAME LORD Hayben 14. MOTHER'S MAIDEN NAME CINIAN HILL
	100 K WOODROW LUCAS Some 951BU
Marita Pia	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
-tran	MMEDIATE CAUSE (a) CLEASTRY COM
	Conditions, if any, which \ (b) Explus Restriction & Caction
(a	ever lise to Immediate ceuse a), stating the underlying DUE TO
-	PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0, 19. WAS A JTOPSY PERFORMED? YES NO INC.
ic Pi	Da EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING AUGUST AND AUGUST AUG
WEDICAL	Oc. T.ME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 2Df., (City or town) (County) (State) Hour a.m. 19 Month Mot While factory, street, office bidg., etc.)
	1. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
d	leath resulted from: Natural causes 💢, Accident 🗌, Suicide 🗍, Homicide 🔲, Undetermined manner 🗍
	CHIEF MEDICAL EXAMINER
designat	EXAMINER'S THANK T. BLOSCHZ LAX Address (Street, city, lown, or county)
¥ 246. B	URAL, CREMATION, 22b. DAYE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ECCATION (Gity, town, or country) [State]
5 /90 23. ₀ F	UNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 24b. RESTRAR'S SIGNATURE
ME DE	cal Funeral House 4812 Ta au hamsun 7 '60 ander S. House
1000 g	VVVVVVX X GOLD CO





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7135 CERTIFICATE OF DEATH

s after death. Page 4 🛫

may be control by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 pears after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

TO HOSP

VR A15 (4) 15M 9/59 07071

- 100							
o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	5 COUNTY	Montgomery			
b CITY OR TOWN (If auside corporate limits, write RURAL and give nearest town) Bethesda	5 vears	p 1	itside corporate limits, write f	RURAL and give nearest town)			
d. NAME OF HOSPITAL (IF not in haspital, give street OR INSTITUTION Congressional Mane		d STREET ADDRESS	Leland St	e is residence on a farm? YES \(\) NOT			
NAME OF First DECRASED (Type or print)	Middle Knight	Hevl	4. DATE Moi OF DEATH JUI	24			
SEX 6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	8 DATE OF BIRTH 4/23/1869	9 AGE (in years lost birthday) Q1 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.			
Famale White Who work done during most of working life, even if retired) Housewife		STRY 11. BIRTHPLACE (Stole of	or foreign country)	12 CITIZEN OF WHAT COUNTRYS			
3. FATHER'S NAME	_	Pennsy	AME				
	SOCIAL SECURITY NO. 17 IN	IFORMANT	lizabeth Ant	dress			
No	None Pa	aul R. Heyl-	-Husband-sar	ne 2d			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. (b) (b) (c) (c)	yeloneplir	itis	cidents	1 2yrs			
PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO III							
GR CONTRIBUTING CAUSE OF DEATH (SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Port II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark of wark							
21 I certify that (1) (this haspital) attended the deceased from Nov. 18. 1956, to Jesuse 34 1960 that (1) (we) last saw the deceased give an Jesuse 34 1960 and that death accurred at 6.40% from the causes and an the date stated above.							
220. SIGNATURE Stattarne St. C	habman	M.D. ATTENDING MED STAFF SIGNED PHYS D June 24 196					
22c PHÝSICIAN'S NAME (Type) Katharine A	. Chapman	Betheod	la, Maryland	<u>d</u>			
230 BURIAL CREMATION 236 DATE THEREOF REMOVAL (Specify) Cremation 6/24/60	23c NAME OF CEMETERY O	Crematory	23d LOCATION (City, tawn Suitland	or county) (State) Marvland			
				ISTRAR'S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

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DIRECT

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VS A1\$ (4)

ISM 9/S8

g physician



OF HEALTH—BALTIMORE, 18 Item 1 FilmGzc4 6-13-60 et CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Peli 6 COUNTY MARYLAND the funeral should be fil CITY OF TOWN All outside corporate limits, write RNRAL and give pearest town c. LENGTH OF STAY IN 16 CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) nemasian inaplen d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO K Private home .⊑ DATE NAME OF First Middle Month Year DECEASED OF DEATH (Type or print) 9. AGE (In years less/but/hdoy) IF UNDER I YEAR IF UNDER 24 HRS S SEX 7. MARRIED NEVER MARRIED ampletely Months WIDOWEDY DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even af retired) WEL VOLL and 11 de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending | 18. CAUSE OF DEATH [Enter only one couse per sine for (o), (b), and (c)/ INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the under lying couse lost PART II. OTHER SIGNIFICANT CONDITION THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS ALTOPSY PERFORMED? YES NO N 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour om While Not while of work of work P. m. 21. certify that I attended the deceased from. 1960, ta 19 that I last saw the deceased detached , and that death accurred at AM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S Donald Nelson 10620 Georgia Ave, Silver Spring NAME (Type) 220. BURIAL, CREMITMON, 22b, DATE THEREOF REMOVAL (Specify FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur S. France VS A1S (4) DATE ISM 9/S8



nt, within 72 haurs ofter death

ta burial, cremation, ar

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

		71	35	CERTIFIC	ATE OF	DEATH					
	PLACE OF DEATH o. COUNTY Montgomery			MARYLAN	a. STA	RESIDENCE (WHITE XAS	iere decease	d lived. If institute b. COUNTY	an Resident	ce before oc	imiss on)
	b CITY OR TOWN (IF RURAL and give nec	autside corporate lim	is, write	c. LENGTH OF STAY IN 1	b c. CIT	OR TOWN (If o	utside carpo	orate limits, write R	URAL and g	give nearest	lawn)
	Bethesda	ilesi idwii)		117 days	Da	llas				A	
Г	d. NAME OF HOSPITA OR INSTITUTION	LL (If not in haspital, g	ive street		d STR	EET ADDRESS			,	e is	RESIDENCE
I	Le Clinica	1 Center.	Betle	esda 1/1. Md.	60	23 Lunto	on Dri	ive			5 NO 🔀
3.	NAME OF	Fi	rst	Middle		Lost	4. DATE	Man	ith	Day	Year
	DECEASED (Type or print)	Marjo	rie	Louise	H	ill	OF DEATH	Ju	ne	21	19 60
5	SEX	6 COLOR OR RACE	7 MARI	RIED X NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years last birthday)	-	_	INDER 24 HRS
	Female	White	WIDOW			mber h.	1923	36 yrs	Manths	Days Ho	ours Min
100	. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS OR IN			ar fareign a	country)	12.CITI	ZEN OF WH	AT COUNTRY
	Housewife	ng life, even if retired	'	None		Texa	as			U.S.A	
13.	FATHER'S NAME		- '		14. MOT	HER'S MAIDEN N	JAME				
	Hubbard T	. Bowver			Vi	rginia '	lills				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	7, INFORMANT	The Med	ical I	Renord Add	ress		
"	No.	f yes, give war ar dates of s	iervice)	None	The Cli	nical Ce	enter.	. Dethesda	a 14.	Maryl	and
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a), (b), and (c).]							L BETWEEN
		H WAS CAUSED BY IMMEDIATE CAUSE (c	. Gr	am ne, ative	rod sep	ticemia					and death days
	1 6 1	DUE TO		reinora of t	he adre	nal cort	ex wi	th metast	asis		
	Candilians, if an	y, which) (t	, to	liver and a	h 'omina	l cavity	r			1 3	vears
	gave rise to in	mediate (and a	
	cause (a), stating t lying cause last.	ne under-	.)								
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	INAL DISEAS	SE CONDITION GIV	IEN N PAR	P	VAS AUTOPSY ERFORMED? S T NO
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED (Enter no	lure of injury in	Part I ar Pa	rt II of item 18)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Day, Ye	or 20d. I While at war	Not while		URY (Hame, farm affice bldg., etc		y ar tawn)	(0	Caunty)	(State
	21. I certify that	(I) (this haspita	l) attend	ded the deceased fro	m Febru	ary 2519	60, to	June 2	1 19	60, that	(I) (we) los
	saw the decease	ed olive on	ine 2	1 19.60, and the		1 -		the couses on			
	22a. SIGNATURE	1		1.	/						22b. DATE
	x7	order (- (775 n/	M D. PHYS		ED RECTOR	STAFF PHYS 🔯	61	21/50	SIGNE

Gordon C. Sharp, M.D. 236 BURIAL CREMATION, 236 DATE THEREOF CREMOVALUS PC 191 6-22-60

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory 23d LOCATION (City, town, or county)

14, Jaryland

Clinical Center,

Prince George Co., Md

07074

24 FUNERAL DIRECTOR'S SIGNATURE

22c PHYSICIAN'S NAME (Type)

ADDRESS Bethesda, Md. 250 REC'D BY REGISTRAR DATE JUN 2 2 '60

256. REGISTRAR'S SIGNATURE Cirling S. Firmus

VR A15 (4) 15M 9/59

TO HOSP



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
7137 CERTIFICATE OF DEATH

07075

1	PLACE OF DEATH	DMERY		MARYL	AND	o. STATE.	PYLAN		lived If instituti b. COUNTR	on, Residen	ce befo	re admiss	ion)
	b CITY OR TOWN (IF RURAL and give nec OLNEY	autside carporate lim' irest tawn)	ls, write	LENGTH OF STAY IN	и 16			PRING	rote fimits, write F	URAL ond	Bise uec	irest town)
1	d NAME OF HOSPITA					d. STREET A							IDENCE FARM? NO
Ī	3. NAME OF DECEASED	Fir	st	Middle Berna	D.D.	Last H 1 L		4. DATE OF DEATH	Moi Jui		14	,	fear 19 60
ŀ	(Type or print) S. SEX	6. COLOR OR RACE			-	B. DATE OF BIRTH		DEATH	9 AGE (In years	IF UNDER			
	MALE	COLORED	WIDOWE	IED NEVER MARRIED DIVORCED		4-11-18			last birthdoy) 62 yrs.	Months	Doys	Hours	Min
	10a USUAL OCCUPATION	N (Give kind of work a	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CIT	izen oi	WHATC	OUNTRY?
	LABORER	ng ma, avan m remed	'				MARYL	AND			U.S	.A.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
1	SAM	UEL T. HIL	L			MARY	ELLEN	KING					
Ì	IS. WAS DECEASED EVER			SOCIAL SECURITY NO.	17 IN	FORMANT			Add	Iress			
	Tres, no. or unantiment	f yes, give war or dates of s	er vical			HOSPIT	AL RE	CORDS	0	LNEY,	MAR	YLAN	D
	Conditions, if on gove rise to im cause (o), stoting to lying couse lost.	mediote (012	alatie	1 V	ling Welly	to	nor	uhon	·	!	200	
	PART II OTHI	ER SIGNIFICANT CON	ditions <u>c</u>	CONTRIBUTING TO DEAT	HBUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(0) 1	PERFO	AUTOPSY PMED? NO
	OR CONTRIBUTING	UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE). (Enter noture o	f injury in	Port I or Por	t II of item 18.)				
	ZOc. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	ar 20d II While of wor	Not while	l0e PLA foc	ICE OF INJURY (I fory, street, office	Home, form bldg., etc	n, 20f. (City	or town)	(County)		(Stote)
	21 I certify that saw the decease 220 SIGNA ARE 22c PHYS CIANS NAME (Tub)	711	12	led the deceased f	hat d	eath accurred ATTENDING PHYS 22d. ADDRE	at 2	M, fram	the causes at			stated	above. DATE SIGNED
-	230. BURIAL, CREMATION			23¢ NAME OF CEMET	ERY O				TION (City, town,	or county)		(Stot	e)
	REMOVAL (Specify) Burial	6/17/60		Sandy S	pri	ng.		San	ndy Spri	ng. Mi	la		
	24 FUNERAL DIRECTOR'S	SIGNATURE	. /	ADDRESS	1.11-0	164	250. REC'	D BY REGIST		STRAR'S SI	,	RE	
	reple	Th. Jus	wa.	Rockvil	£ 10	, 12A 6	DATUN	16'60	ant	mg S. TI	much		

may be wined by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 llaurs giver death. TO HOSP VR A15 (4) 1SM 9/59

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

5 :

ne y n

VR A15 (4) 15M II/5III

		PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
		MOWLOOMEL & MARYLAND	o. STATE Maryland b. COUNTY Hontgowery
	b	b CITY OR TOWN (If outside comporate limits, worke c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c CITY OR TOWN/Uf outside corporate limits, write RURAL and give nearest town)
		Bethesda 18 years	Bethoraa 46
	c	d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS a. IS RESIDENCE ON A FARM?
r		OR INSTITUTION 8812 Rd	88/2 Redap Road YES NO
6	3. N	NAME OF First Middle	Lost 4. DATE Month Day Year
		OECEASED (Type or print) Fthe/ Ressie	HODGES DEATH JUNE 30 1966
	s ş		DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	7	elle White WIDOWED DIVORCED .	24 Nov. 1865 (1865) Months Days Hours Min.
1	10a.	b. USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	
1		Housewite	London, England USA
	13.	FATHER'S NAME	14 MOTHER S MAIDEN NAME
		William Kirkus	Harriett Lane
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INF	FORMANT Address
		No None Mr.	s. Houph Schow, 88/2 Ridge Koad.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Canaestine bea	ert failure, 3 weeks
		332V DUE TO	
		Conditions; if any, which) (b) Ceneralised ar	tern sclerosis 6 years
		gove rise to immediate (couse (a), stoling the under (DUE TO	
		lying couse lost.	
	S S	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
A deliner	CERTIFICATION	Progressive cerebral the	suboses YES NO NO
ž	RTIF	OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	E-at-	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.) !
	ME	Pour c.m. While Not while of work of work	
		21 I certify that (I) (this haspital) attended the deceased from	Jame 1957 to 30 Jane 1960, that (1) (we) last
		saw the deceased alive on 27 June 1960, and that de	eath occurred 3.30/M, from the couses and an the date stated above
		220. SIGNATURE	22b DATE
		7-0-	D. PHYS DIRECTOR PHYS [6/30/60
		22c PHYS. CIAN S NAME (Type) Paka + P R / A	22d ADDRESS
		NOVERU N. BETTON	117 / 8/10 St. W. W. I () () () () () () ()
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 23d LOCATION (City, lown, or county) (State)
		Burial £ 7/2/60 Glenwood Ce	metery Washington, D. C.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
		Robert A. Pumphrey MBethesda, Mar	cyland DATE III 5 '60 aching & thous

and and	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
FUR STARE	プロフ MEDICAL EXAMINER'S CERTIFICATE OF DEATH (170777
HEALTH DEPT.	1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
S2 2	e. COUNTY La b. COUNTY La b. COUNTY
necessary rctor. Page out files.	Miniamery MARYLAND med minto
	b. CITY OR TOWN (if outside corporate I mis, write RURAL and give negatest town)
irector.	write BURAL and gird peerest town)
N E X	the spenting life dumerstung (huran)
Soar for	d. NAME OF HOSPITAL OR INSTITUTION is not in hospitel, give street address) d. STREET ADDRESS on A FARM?
D 0/3	Emma thous
神神神神	3. NAME OF Frst Middle Last A. DATE Month Dey Year
de de	DECEASED
- 2 × ± ‡	June 30 19 les
音の大きゅ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ASE 17 YEAR IF UNDER 24 HRS
A DE STATE	hand One WIDOWED DIVORCED 5-6-1950 Months Days Hours Min.
1 d 0 5 d	10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country)
2 8 8 7 8	done during most of working life, even if relired)
Page 1	setting med as S. a.
도 열은 양물	13. FATHER'S NAME
22 A A A A A A A A A A A A A A A A A A	10
- E (0) - E	15 West region of Market
至。至二百	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgive were redetes of service)
· · · · · · · · · · · · · · · · · · ·	Laurence Houmani - Ti.
会立を表す	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY, ONSET AND DEATH
	IMMEDIATE CAUSE (6) Upply term
2 5 8 1 1	DUE TO
Paris Services	Conditions, if any, which (b) which
5 00	geve rise to immediate couse
2. 基本 2.1	(a), stelling the underlying DUE TO
D William C	couse fest. (c)
ST C ST	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ag ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES PERFORMED? YES NO display of CONTRIBUTING OF PART II.
SE S	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING 2
E STATE	Was Alexander on Board & Mozernick
NES OF THE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
15 kg 84 0	
X of # % o	
7.2 5 Q F	21. I certify that I took charge of the remains described above held an Autopsy . Inspection . Inquiry . Inquiry . and in my opinion
選手を合う。	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
TEDIC the co rwerd DIRE	CHIEF MEDICAL EXAMINER
d S S S S S S S S S S S S S S S S S S S	
M to T to	SIGNATURE MAD. ASSISTANT MEDICAL CAMMINER
5 2 2 E	EXAMINER'S FINALLY TISTARCLE LA LA DEPUTY MEDICAL EXAMINER & 6-30-60
D S고변경	NAME (Type) fra NH J. 15/08Ch & LA Address (Street, city, town, or county)
DEPU. should FUNE r its desi	226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawa), or country (State)
	Brooke Greve., Laytonsville, Mi.
5 4 5 p	23. FUNERAL DIRECTOR A O ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS ROCKVILLE, MG.
5M 7/59	There L. Samuel DATE III 5 '60 Col ok

MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

SILVER SPRING, MD.

MONTGOMERY

Day

Days

T.S.A.

(County)

25b REGISTRAR'S SIGNATURE

arthur S. House

2Sq REC'D BY REGISTRAR

DATELLIN 9

19626, that (1) (we) last

e. IS RESIDENCE ON A FARM?

YES IN NO 57

Yeor

19

Hours

12.C TIZEN OF WHAT COUNTRY?

SPER INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO NO

(State)

226 DATE SIGNED

CM, YT

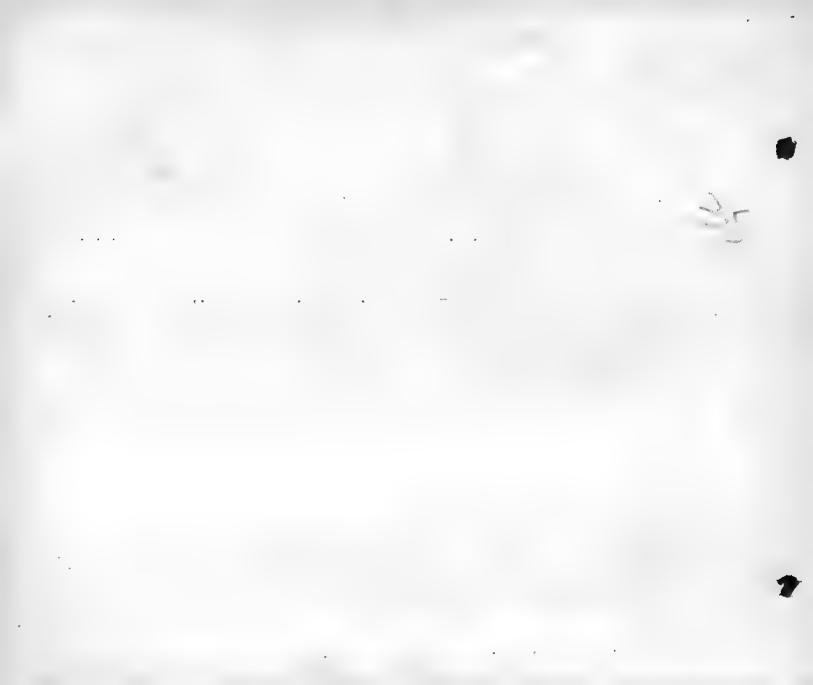
(Stote)

62 Like.

60

VR A15 (4) 15M II/59

24 FUNERAL D RECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7		MAR	YLAND	STATE DEPA	RTM	ENT OF HEALTH	-BALTIM	ORE, 1			
1		7	139	CERTI	FICA	ATE OF DEATH			Reg. Dist. 7	,08()
1	o. COUNTY	Montgos	ery	MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Marylur		If institution.	on. Residence bef		sion)
	b. CITY OR TO RURAL and	OWN (If outside corporate give nearest town)	limits, write	c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corporate lin	nits, write RI			n)
1/1	d. NAME OF OR INSTITU			·	8	Bethesda d. STREET ADDRESS			1	ON A	SIDENCE A FARM?
	2 21447 07	Suburban H		-		4833 Broadbr			1		NO D
	3. NAME OF DECEASED (Type or print)	-	First	Middle		Last-	4. DATE OF DEATH	Mon)ay	Year
	5. SEX	Lot		IED NEVER MARRII	٠ ١ ١	Illis B. DATE OF BIRTH		June	IF UNDER 1 YEA	28 R IF UND	19 60 DER 24 HRS
			WIDOWI					(In years birthdoy)	Months Doys	Hours	1
	Male	White UPATION (Give kind of wo				November 26, I	.888 7	yrs.	12.CITIZEN O	EWHAT	COUNTRY
	during most	of working life, even if refi	red)			2/112	90 × U		1/	CO	LOUITRI
*	3. FATHER'S NA	Retired	R	<u>eal Estat</u>	:e	14. MOTHER'S MAIDEN N	7-1		и	2/7	•
4	J. FAIRER'S IVA	X Jahhan	9_1	Cast.		7					
	9	step root		car.		Unkr	lown				
	(Yes no, or unknown)	ED EVER/IN U. S. ARMED ! (If yes, give war or dates		SOCIAL SECURITY NO	1/1	NFORMANT		Addr			Q-AL
	$-\omega$.	varT	13	7-05-4738	3.A.1//	tcivard 1	1115 331	· Wes	of Joseph	rtey 1.	Delgles
		OF DEATH [Enter only one		ne for (o), (b), and (c).]				IN	TERVAL B	ETWEEN
	PART	I. DEATH WAS CAUSED B	Y: BA	CONCHOPNE	UMC	NIA				186	DUAS
	<	DUE								0 1 (7011)
	Candition	s, if day, which)	" M	A 1 11-NAX	17	CACHEX	/ A			4 M	ONITI
		ta immediate	(b) (2)	1 = 1 9 70 - 71	,	CITCHEA			-	1	V 11
	lying couse	iging the <u>huger-</u>	(A	RCINOMA		OF STOM	IACH			14	CAR
The state of the s			ONDITIONS O	ONTR BUTING TO DE	ATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CON	DITION GIV	EN IN PART I(a)	19 WAS	AUTOPS'
1	NO PART	LMONAR	, –	EMPHY	SL M	Α Λ				PERFO YES X	ORMED?
- 3	20a ACCIDE	NT WAS UNDERLY NG	20b. DES			D. (Enter noture of injury in F	art 1 or Port 1) of i	tem 1B.)			Į L
	☑ OR CONTRIB	UTING CAUSE OF DEA	THI			, , , , , , , , , , , , , , , , , , , ,					
			-	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	20f (City or lov	re)	(County	1	(Stote
	20c. TIME OF	a. m.	While	Not while	for	tory, street, affice bldg., etc.	1	,	(COUNTY	,	(5,0)
		p. m.	01 401								
1	21. I certi	fy that I attended t	he deceas		-1}-	1959, ta J					
	alive an_	MONE 7-1	, 19 &	and that	death	accurred at 3:35A					
		L. Du		,			ADDRESS (Street, ci	ty or togn,	state)	DA	TE SIGN
*	ACTUAL SIGNATURE	John V.	lu	7h		M.D. 5009 1)01	Ray an	(Ja	They do	Mid "	729/
	DUVERSIANI			1			/	~ .	1 - 3 -	243	,
	PHYSICIAN'S NAME (Type	Robert G.	Angl	.e		5009 Del	kay Ave	. Bet	nesda,	Md.	
	22g. BUR AL, CRE	MATION, 22b. DATE THE	REOF	22c NAME OF CEM	TERY O	R CREMATORY	22d LOCATION (lily, tawe, c	or county)	(Sto	le)
	Burla	11 6/30/6	50	Arlingt	on 1	Nat. Cem	Arling	ton,	Virgin	ia	
	23 FUNERAL PIR	ECTOR'S SIGNATURE		/ SAUDRESS //	100	1240 REC"	BY REGISTRAR	24b REGIS	TRAR'S SIGNATU	JRE	
	Robert	A. Rumphite	Y. AlaBie	thesda. /	Merr	VLAND DATEUN	3 0 '60	Or	Lig 8 #		
	7,000	7	NIVI (C)	2.711V	~/\/	-40			7.	4	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If inst

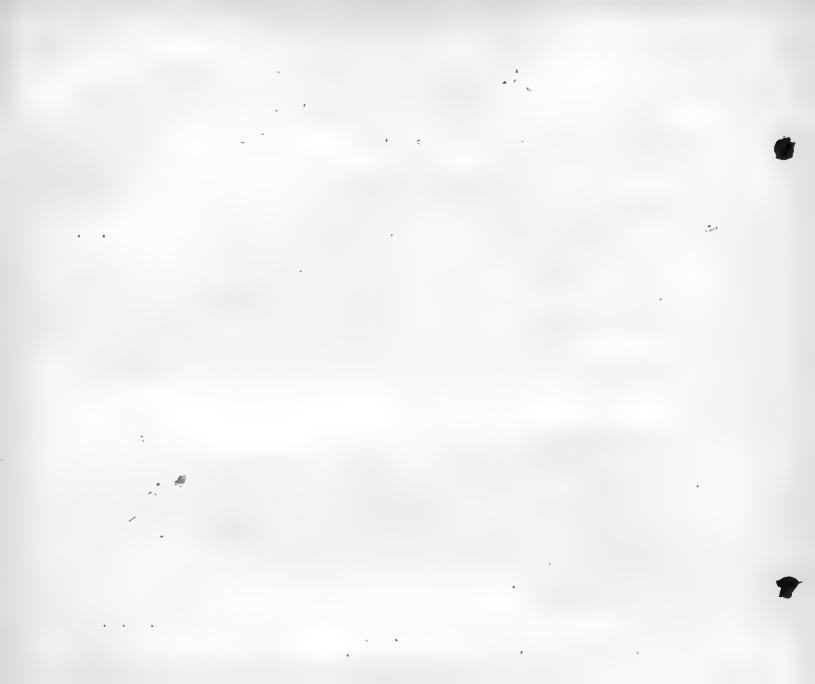
07081

- -					
	o. COUNTY Montpomery	MARYLAND		re deceased lived If institution: Re of Columbia	sidence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write RURAL	and give nearest town)
	Bethesda	80 days	Washington	15	77
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	The Clinical Center, Bet	thesda 14, Md.	5408 30th P	lace, NW	YES NO A
-	3 NAME OF DECEASED (Type or print) Ernest	Middle Lce	Jackson	4. DATE Month OF DEATH June	Day Year 1960
Ī	S SEX 6 COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOW	VED DIVORCED T	September 27,	1891 68 birthdoy) Mor	iths Days Hours Min
Ī	10a USUAL OCCUPATION (Give kind of work dane 10st during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole o	r foreign country) 12	CITIZEN OF WHAT COUNTRY?
1	Research Chemist	Government (Reti	red) Georgia		U. S. A.
- ()	13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	
4	Benjamin F. H. Jackson		Martha Cap	ps	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Fig. 10, or unknown) [1] If yes, give were or defect of services	SOCIAL SECURITY NO 17, IN	FORMANT The Medi	cal Record Address	
	no	None T	he Clinical Ge	nter, Bethesda	14, Maryland
-	1B. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	espiratory Failu	ure		48 hours
1	203 V DUE TO				
	Conditions, if ony, which) (b) M	ultiple Myeloma			3 Years
	gove rise to immediate DUE TO				
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDIT ON GIVEN IN	PART 1(o) 19 WAS ALTOPSY PERFORMED? YES NO
		ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	ort I ar Part II of item 18.)	
	Hour o.m. Whil		ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
	21 I certify that (I) (this haspital) after	ided the deceased fram.	March 26 196	O to June 14	19.60, that (I) (we) last
	saw the deceased alive an June	1/1 19 60, and that d	leath accurred 8: 45 p		
ı	220 SIGNATURE	5 10 0			22h DATE
	(Iranles	2. Mengel		STAFF PHYS. X	6-14-50 GNED
	22c PHYS CIAN'S NAME (Type) CHARLES E. M	ENGEL, M.D.	22d ADDRESS The Institutes	Clinical Center of Health, Bet	, National
-	23a BURIAL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or cas	inty) (State)
	6/17/60	Rock Creek	Cemetery	Washington.	D.C.
	24 FUNERAL DIRECTOR'S SIGNATURE 290	I laboteh St. N	. W . 250 REC'D	BY REGISTRAR 256 REGISTRAR	
	The S.H. Hines Co. Was	hington 9, D	. C. DATE JU	N 16'60 CLJL	or S. Krous

after death. Pagent may be wheat by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld-be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. IV. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

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neral

ATTENDING PHYSICIAN: The aw requires that by the haspital or attending physician. ned De

certificate

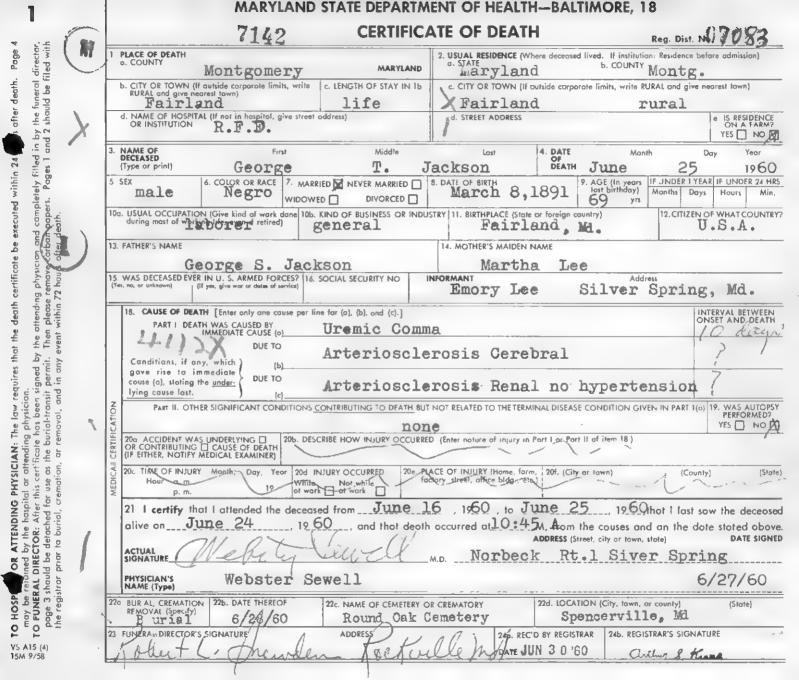
	ouc			
The state of the s	Then prease remaye carbon papers Pages 1	and in any event within 72 hours after death.)
C COLLY COLL COLL COLL COLL COLL COLL CO	oge 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and	the State Board of Health priar ta burial, aremation, ar removal, and in any ment within 72 haurs after death	Si.A.	
7	(4) 59			

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND District of Columbia Montgomery b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest fown) Bethesda (Rural days Washington d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION YES NO NO U. S. Naval Hospital 315 12th Street, N. E 4. DATE NAME OF First Middle Month Day Yeor DECEASED DEATH JACKSON 19 60 (Type or print) June George Henry IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9 AGE (In years 5 SEX B. DATE OF BIRTH 52 yrs Months Doys Hours 4-29-08 DIVORCED [WIDOWED | Male Negro 12. CITIZEN OF WHAT COUNTRY? 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Construction U.S.A. Truck Driver Virginia 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Issac JACKSON Bessie BIRD 17. INFORMANT 15 WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO Address Rospital Records Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (c) DUE TO Conditions, "if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES 🔼 NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m While Not while of work of work D. m. 1960 19 60, that (1) (XX) last 21 1 certify that (1) MOUNTAIN attended the deceased from May 23 June 15 19 60, and that death accurred at 11:50, am the causes and an the date stated above saw the deceased alive an June 15 22o SIGNATURE ATTENDING X SIGNED MED. M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type LT, MC, USN U. S. Naval Hospital, Bethesda, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Jown, or county) (Stote) REMOVAL (Specify) Arlington National Virginia Burial Arlington 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR arthur & French Barnes & Matthews, 3619 14th St., NW, WashDC DATE HIN 1 7 '60

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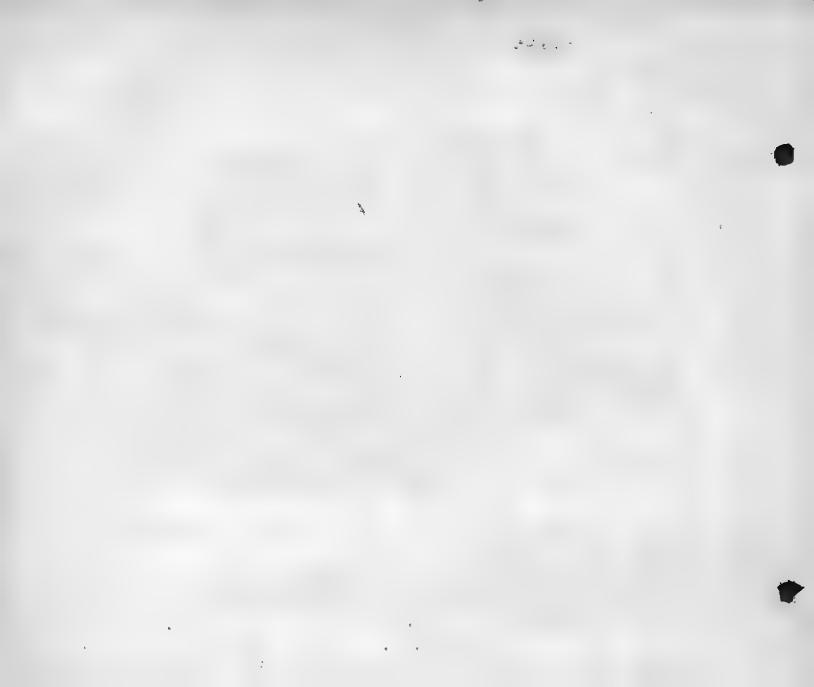
TO HOSP







Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, if institution, Residence before admission) lay is necessary, al director. Pege for your files. Board of Health, a. COUNTY MARYLAND b. CITY OR TOWN (if our da corporata lun ts, write RURAL and gift nearest town). c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) Board if not in hosp te , give stray address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V 3 NAME OF Middle 4. DATE Month DECEASED OF with the (Typa or print) DEATH 8. DATE OF BIRTH (In years | FUNDER TYEAR IF UNDER 24 HRS birthday) | Months | Days | Hours WIDOWED 1 JUSUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? don'during most of working life, avan If ratirad) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yas give war or detas of service) 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gave rise to immadiata causa DUE TO 10 (a), stating the underlying PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 2Da. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I or Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED : 20e. PLACE OF NJURY (Homa, farm, 2Df. (City or fown) (County) (Stata) factory, streat, office bldg., etc.) Whila Not While at work at work Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 📈 EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) 22d, LOCATION (City, lown, or country) (Stata) Purdum. ₽40 Purdum. Mi. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME 1 6 '60 5M 7/59 DATE



07085 7144 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed o. STATE. **b.** COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corposote limits, write RURAL and give nearest town) 8 RURAL and give nearest town) should 11766 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO puo NAME OF 4. DATE OF DEATH First Middle Last Year (Type or print) SEX campletely papers. Pag 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours DIVORCED WIDOW 180 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. (BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? eoth. during most of working life, even if retired) 120 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN hosa 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gned gave rise to immediate bed DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work of wark p. m. 19 6 Shat I last saw the deceased 21. I certify that I attended the deceased from alive on . and that death accurred at 1: M, from the causes and on the date stated above. ACTUAL page 3 shauld be SIGNATURE PHYSICIAN'S O FUNERAL NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



· 1 &	- 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STAT	E	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 0.7086
HEALTH DE	P.J.	PLACE OF DEATH a. COUNTY MONT gomery 2. USUAL RESIDENCE (Where deceosed lived if institution: Residence before admission) b. COUNTY b. COUNTY
ory, please for. Page of Health,		b. CITY OR TOWN [if suits de temperate kimits, ser to FUFAL and give necrest fown) CLENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, serite RURAL and give necrest fown) SILVET Spring MARYLAND Maryland Montg C. CITY OR TOWN (If outside corporate limits, serite RURAL and give necrest fown) SILVET Spring
I directly based of Board of	Y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1513 East Falkland Lane 1513 East Falkland Lane 1513 East Falkland Lane
he full retoine se Store er death	1	3. NAME OF DECEASED (Type or print) James Joseph Johnson Lost DATE Month Doy Year OF DECEASED JOSEPH Johnson 19 60
d 3 to the may be with the		5. SEX 6 COLOR OR RACE 7. MARRIED 1 B DATE OF BIRTH 9 AGE (In years led burinday) 76 yrs Months Doys Hours Min.
rs ofter death ages 1, 2, and PM3. Page 5 ages 1 and 2 ages 1 and 2	Chi na ly	100 USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Walcome the store of the s
olive Pour		Thomas Hilton Johnson Margaret Seddon 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WW #1 212-01-6626 Mrs.Louise R.Johnson, 1513 E. Falkland Lane, SS
in pencil is them 18 in pencil is them 18 incr's Office along v a build-transit perm, ar removal, and in		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (e), storing the underlying of the underlying of the underlying (c), storing the underlying (c)
d "pending" edical Exam be used as	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO STERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
INER: This of the war the Chief Man Se 3 should iar to burie		20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED Hour o, m White Not white of work of work of work 19
NL EXAM		21. 1 certify that I took charge of the remains described above, held an Autopsy, Inspection E, Inquiry E, and in my opinion death resulted from: Natural causes E, Accident, Suicide, Homicide, Undetermined manner
certific ferrific be forwo NI DIREC		SIGNATURE JAMES J. Broschart M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED ASSISTANT MEDICAL EXAMINER [] JUNE 23, 196
execute to Evente to Evente to Evente to Evente or its desi		NAME (Type) Frank J. Broschart DEPUTY MEDICAL EXAMINER (\$20) 270 BURIAL CREMATION 226. DATE THEREOF REMOVAL (Specify) BURIAL 270 BURIAL CREMATION 226. DATE THEREOF ARLINGTON NAT L. CEMETERY ARLINGTON, VIRGINIA
VS. A15ME 5M 2/37		23. FUNERA DIRECTOR'S SIGNATURE EX INC. SILVER SPRING, MD. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CALLMA & Thurs



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7032 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence-before admission) o. COUNTY b. COUNTY MARYLAND Montgernery b. CITY OR TOWN outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and gige nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL IIf not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? رکي 200 YES NO 3 puo NAME OF 4. DATE First Middle Last Yneu filled DECEASED (Type or print). DEATH 1965 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Manths Dovs WIDOWED | DIVORCED 10a. JSUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTIN 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most/of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address (If yes, give war or dates of service Eu B 1B. CAUSE OF DEATH [Enter only one couse per, line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Condittons, if ony which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? いたとしはらっとしていまっと 1 -2/226 YES I NO I 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work ___, 1922 Cithat I last saw the deceased 21. I certify that I attended the deceased from I , and that death accurred at 1/51M, from the causes and an the date stated above alive an ADDRESS (Street city or town, state) DATE SIGNED PHYSICIAN'S Denjamir 1 saccson NAME (Type) 220. BURIAL, GREMATION, 226. DATE THEREOF 22d, LOCATION (City ,town, or county) 22c. NAME OF CEMETERY OF CREMATORY (Stote) REMOVAL (Specify) MT CEMPTER ISRAFL BURIAL 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR DATE 15M 9/5B

death certificate be executed



02088

	7033 CERTIFIC	CATE OF DEATH					
1.	PLACE OF DEATH o. COUNTY Montgomery MARYLAN	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) o. STATE b. COUNTY Maryland Montgomery					
	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Silver Spring 6 yrs.						
	d NAME OF HOSP TAL (If not in hospito, give street address) OR INSTITUTION 12,310 Brookhaven Drive	/ d STREET ADDRESS 12,310 Brookhaven Drive d STREET ADDRESS e IS RESIDENCE ON A FARM? YES □ NO €					
3.	NAME OF DECEASED (Type or print) William Walker	Jones 4. DATE Month Doy Yeor DEATH June 11, 1960 19					
	sex 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	Nov.19,1869 Solution Solutio					
١,	during most of working life, even if retired) retired) Cranesman B. & O. Railro						
	FATHER'S NAME John Findlay Jones	14. MOTHER'S MAIDEN NAME Sadie Connors					
15	es, no, or unknown) (If yes, give wor or dates of service)	William J. Jones, son, 12,310 Brookhaven Drive,					
ATION	gove rise to immediate couse (a), stating the underlying couse last DUE TO	riosclerotic heart disease undetermine marked arteriosclerosis undetermine H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES ☐ NO M					
MEDICAL CERTIFICATION		CURRED (Enter noture of injury in Port I or Port II of item 1B.) Oe PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)					
2	21 I certify that (I) (this haspital) attended the deceased from 1957, ta 11 ki.V., 1960, that (I) (we) last saw the deceased alive an 1960, and that death occurred at 1960. From the causes and on the date stated above						
	229 MGNATURE	ATTENDING MED STAFF 5 GNED STAFF 5 GNED 6/12/60					
	NAME (Type) L. Marshall Cuvillier, Jr.	1407 Woodside Parkway, Silver Spring, Md.					
	Burial June 16,1960 Spring Hill	Shippensburg, Cumberland, Pa.					
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRI						

may be the med by the haspital or attending physician.

TO FILIERAL DIRECTOR: After this cert ficate has billing signed by the attending plysician and campletely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the State Board of Health priar to burial, crematian, or removal, and in any event, with 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO HOS VR A15 [4] 15M 9/59

after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

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VS A15 (4)

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The law requires that the death certificate be executed within 24



after death,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	7085	CERTIFIC	CAIL	OF DEATH			U	001	
PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived			n Residence be	fore admiss	ion)	
6. COURT	Montgomery	MARYLA	ND "	Marvl	and	b. COUNTY	Montg	omer	У
b. CITY OR TO	WN (If outside corporate limits, v	write c. LENGTH OF STAY IN	16	CITY OR TOWN (IF	outside corparot	e fimits, write RL	IRAL and give r	nearest town	n)
RURAL ond (Rockville	10 year	s >	Rocky	ille				
	OSPITAL (If not in hospito, give			d. STREET ADDRESS				a IS RES	
OR INSTITUT	#8 Sedgewic	k Lane		#8 Se	dgewid	k Lane		_	FARM?
NAME OF	First	M ddle	,	Lost	4. DATE OF	Mont	h I	Day	Year
(Type or print)	Anna	Daisy	Jr	149	DEATH	June	1		19 6
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B DA	TE OF BIRTH	9	AGE (In years	4.4		
Female	White w	DOWED TO DIVORCED		2/2/1880		79 yrs.	Months Boys	s Hours	Min.
during most o	JPAT ON (Give kind of work done if working life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Stote	or foreign cour	ntry)	12 CITIZEN		OUNTRY
Housew				Ohio			UN		
3. FATHER'S NAM	(E		14	MOTHER'S MAIDEN	NAME				
	Peter Wright					Duga	n		
5. WAS DECEASE	DEVER IN U.S. ARMED FORCES	41	17, INFOR	MANT		Addr	ess		
No	(in you give not or other or in to	Unknown	Mrs	. Pauline	Nevil	.le-dau	ighter-	same	: 2d
							TERVAL BE	TWEEN	
lying couse	oring the under- lost. (c)	ONS CONTRIBUTING TO DEAT	10N TUB H	RELATED TO THE TERM	IINAL DISEASE C	CONDITION GIV	EN IN PART 1(0)	19 WAS PERFC	AUTOPSY DRMED?
3								YES [NO 🖸
OR CONTRIB	NT WAS UNDERLYING () UTING () CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Er	ter noture of injury in	Parl I or Part II	of item 18.)			
20c. TIME OF	INJURY Month, Doy, Year	20d. INJURY OCCURRED 20	De. PLACE (OF INJURY (Home, form	m, 20f. (City or	r town}	(Count	ly}	(Stok
Hour	10	While Not while of work	foctory,	street, office bldg., et	c.}				
			De	0 3 10	58 . M	ay 30	n 60	45-4 (1)	
	y that (!) (this hospital) a eceased alive an May		amL25						
22o SIGNATU		Cal Co, and II	iai dean	occurred as a co	-MM-MISHIPH	HE -COUPES CITE	portane do		DATE
	Clefred.), Morton	M.D	PHYS. D	AED PIRECTOR	STAFF PHYS		6/1/	60
22c PHYSICIA NAME (T		. Norton M	D.	22d. ADDRESS 4711 High	land Av	re. Beth	esda. 1	Md.	
230 BURIAL CREA		23c NAME OF CEMETI				N (City, Iown, o		(Slo	t-1
_REMOVAL (5)		Wash. Nat					Marvla	-	ie!
BUT1AJ	CTOR'S SIGNATURE	ADDRESS	· Pie		D BY REGISTRA		TRAR'S SIGNAT		
Robert	1		Marw)	Thun S. H		
Koner	. we tumburea	necine ada,	Lierr A	DATE	WIII W		A. 76	talle	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 a after death. Page 4 may be connected by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete y fulled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the buriol, are moved, and in any event, within 72 bours after death.

VR A15 (4) 15M 9/59



after death. Page

that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o COUNTY Fled o. STATE **b. COUNTY** iont, omer Cennsylvania Bra CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 8 RURAL and give nearest tawn) the fun shauld Mount Morris 70 davs d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION The Clinical Center, Bethesda 14. Box 262 YES NO 🔀 NAME OF Middle Last 4. DATE Year DECEASED (Type or print) Scott DEATH Ralph King 1960 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours DIVORCED [WIDOWED [7] Male White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or fareign caunity) 12. CITIZEN OF WHAT COUNTRY bo during most of working life, even if retired Student U.S.A. West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeanne Hickman 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record The Clinical Center, Dethesda 1/1. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). Respiratory failure DUE TO Pinealoma brain tumor Canditions, if any, which vears gave rise to immediate Pe **DUE TO** cause (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES TO NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. While factory, street, office bldg., etc.) Nat while at work at work March 26 June li 19.60, that I last saw the deceased 21. I certify that I attended the deceased from June and that death occurred at 6:15 P.M. from the causes and on the date stated above alive on. ADDRESS (Street, city or town, stale) DATE SIGNED ACTUAL SIGNATURE The Clinical Center National Institutes of Health PHYSICIÁN'S Bethesda 11 NAME (Type) BURIAL, CREMIATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR GREMATOR REMOVAL (Specify) Burlal 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24b. REGISTRAP'S SIGNATURE VS A15 (4) 15M 10/57

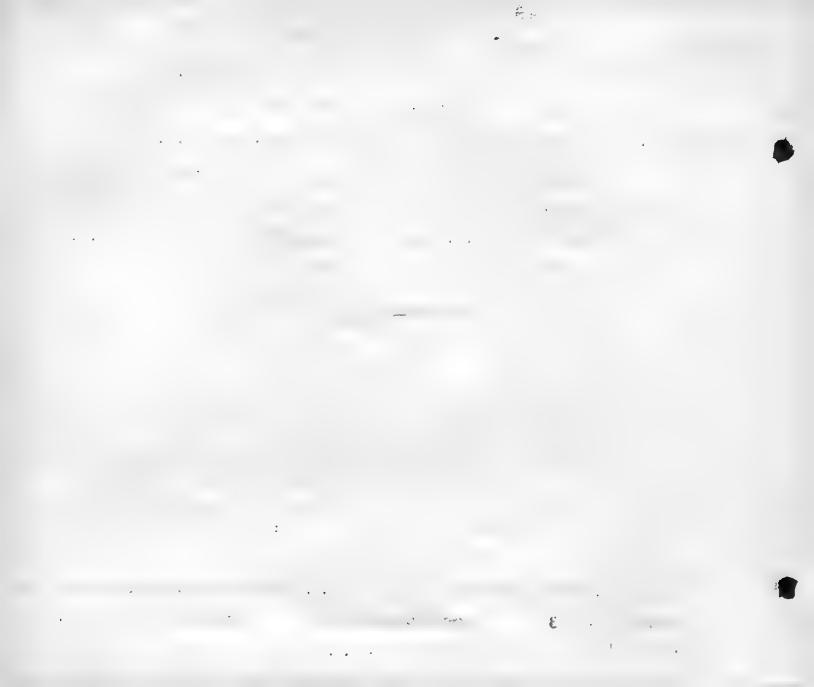


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07094

7170 CERTIFICATE OF BEATT								
)	1. PLACE OF DEATH a. COUNTY	AA ABVI AAID	2 USUAL RESIDENCE (Where deceased a STATE Washington		efore admission)			
	Montgomery	MARYLAND			<u></u>			
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL and give	nearest town)			
	Bethesda (Rural)	52 days	Washington	- And	*			
1	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
I	U.S. Naval Hospital		2311 Conn. Av	e. N.W.	YES NO			
	3. NAME OF DECEASED (Type or print) Dudley Wrigh	t KNOX	Lost 4. DATE OF DEATH	JUNE 11	Doy Year 19 60			
	5 SEX 6. COLOR OR RACE 7. MARR	RIEDEN NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years IF UNDER 1 YE last birthday) Months Day	EAR IF UNDER 24 HRS			
	Male Cauc. WIDOWE	ED DIVORCED	21 June 1877	82 yrs Months Day	ys Hours Min.			
	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZEN	OF WHAT COUNTRY?			
1		U.S. Navy	WASHINGTON	U	J.S.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
/	Thomas T. KNOX		Cornilla GRA	SSON				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address				
	Yes WW I 1922	A F	IOSP. RECORDS	A				
	18 CAUSE OF DEATH [Enter only one cause per litt	na los nos que se o se o		//	NTERVAL BETWEEN			
	PART I. DÉATH WAS CAUSED BY: ONSET AND DEATH							
	DUE TO 111 A							
	Canditions, if any, which) (b) (b) (b)							
	gave rise to immediate							
	couse (a), stating the <u>under-</u> DUE TO lying couse last. (c)							
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED?			
	PART II OTHER SIGNIFICANT CONDITIONS OF THE PART II OTHER SIGNIFIC				YES MO			
	206. ACCIDENT WAS UNDERLYING A 206 DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Par	t II af item 1B)				
	20c TIME OF INJURY Month, Doy, Year 20d II	NJURY OCCURRED 200 PL	ACE OF INJURY (Home, form, 20f. (City	or town) (Cour	nty) (State)			
	20c TIME OF INJURY Month, Doy, Year 20d It Hour a.m. White p m 19 of war	rk at work	Liony, silver, diffice blug., etc.)					
	21 I certify that (I) (this haspital) attended the deceased from April 20 19 60, to June 11 19 60, that (I) (we) last							
	saw the deceased alive on June 10		leath accurred at 6:45, AMm					
	220 SIGNATURE	/-//			22b, DATE			
	Markan 16 6	Melis	M.D PHYS MED DIRECTOR	STAFF DHYS - 6-11-	60 SIGNED			
	12/c PHYSICIAN'S NAME (Type)		22d. ADDRESS					
	Richard E. AKERS LT MC I	JSN		pital, NNMC, Be	thesda, Md.			
	23d BURIAL CREMATION, 23b DATE THEREOF	23c N.Ce dant M.Herld	3837963	TIONS (13, 13 d. R. 13 d. county)	(State)			
	Social Cremat. 6-13.60	MATTINE CONTINUE	Dederat Tegado	ungunk va.				
	J. CAWLER'S & SON 1756 Per	ADDRESS	250. REC'D BY REGIST					
	A AVAITMEN OF BOTH TING BEI	nnsylvania Ave.	• N.W.WDCDATEUN 1 4 '60	arthur S. Ku	ALLAN.			



F HEALTH—BALTIMORE, 18



TO HOSF

VR AIS (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7150

07096

- 1											
	1. PLACE OF DEATH • COUNTY Montgomery			MARYLA	ND	2. USUAL RESIDENCE (W. so. STANK Turkey	here deceased livi	d. If instituti b. COUNTY	on Residence	before admir	ssion)
	Ŀ	CITY OR TOWN (if outside corpo RURAL and give nearest town)	prote limits, write	c. LENGTH OF STAY IN	ТЬ	c. CITY OR TOWN (IF	outside corporate	limits, write R	URAL ond giv	e neorest tow	m)
		Bethesda		12 days		Ankara				1	
	5	I. NAME OF HOSPITAL (If not in h OR INSTITUTION	aspital, give street	address)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
			nter, Bo	thesda 14, M	d.	Evkaf Apa	rtment 2	, Kapi	# 10	YES [NO [3]
35	C	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mor	ıHı	Day	Year
	_	Type or print)	Adil	(None	/	Kursad	DEATH	Ju		13,	1950
	5 S			RIED X NEVER MARRIED		DATE OF BIRTH	9. 4	GE (In years st birthday)		YEAR IF UND	
		Male Whit				June 1, 191		46 yrs			
	10a.	USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. if retired)	. KIND OF BUSINESS OR I	INDUSTI	RY 11. BIRTHPLACE (State	or foreign countr	y)	12 CITIZE	N OF WHAT	COUNTRY?
		Government Offi	cer	Government			rkey			furkey	
A	13.	FATHER'S NAME				14 MOTHER'S MAIDEN I	NAME				
/		Akif Kursad				Fatma Erc					
		WAS DECEASED EVER IN U. S. AR!		SOCIAL SECURITY NO.			dical Re				
		No	<u></u>	None	The	Clinical C	enter, B	ethesd	a 14,	Garyla	nd
		18 CAUSE OF DEATH [Enter on								INTERVAL 8	
PART I. DEATH WAS CAUSED BY: Vontrioular failure											
DUE TO											
	[6]								namg_		
		gave rise to immediate couse (a), stating the under-									
	lying couse lost. (c) Rheumatic heart disease								ىر يا3	2225	
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [] NO []									
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	CAL		Day, Year 20d.	INJURY OCCURRED 20	e PLAC	E OF INJURY (Home, form	n, 20f (City or I	own)	{Co	unty)	(State)
	MEDICAL	Hour o.m.	19 While	Not while	locto	ry, street, affice bldg., etc	:.) [
		21.1 certify that (I) (this hospital) attended the deceased fram June 1 19 60 to June 13 1960, that (I) (we) last									
		saw the deceased glive a				ath occurred at 12:	_				, ,
		22a. SIGNATURE	1	22 17, / ONG 19	iai de	an occurred di 44.	Siate Tram the	couses or	id an the		2b. DATE
		1-11	lance	Nes	M.	D PHYS D	ED. S	TAFF HYS Fel		6/18/	SIGNED
		22c. PHYSICIAN'S							4		
		NAME (Type)	nt Corne	y . 11.D.		Mational I	natitute			w	
	23α	BURIAL, CREMATION, 236, DATE	THEREOF	23c NAME OF CEMETE	RY OR		23d LOCATION			(Sto	
		REMOVAL (Specify) Burial 6/	24/60				Ankara	, Tui	rkey		
	24,	FUNERAL DIRECTOR'S SIGNATURE	.,	ADDRESS		25a. REC	D BY REGISTRAR	25b, REGI	STRAR'S SIGN	NATURE	
	1	W. W. Chambers	s Co. I	nc. 3072 M	.St	.N.W. DAHEN	2 0 '60	Cloth	un & the	we	
	-			Wa	sh.	DEC					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. (171)97 **CERTIFICATE OF DEATH** 7034 ofter death: Page 1 the funeral director. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) P. COUNTY MUNICIPALITY should be filed MONTGOMERY MARYLAND puo

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If aulside carparole limits, write RURAL and give neares) tawn)						
SILVER SERING 9 Vrs.	SILVER S RING						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	# d STREET ADDRESS e 15 RESIDENCE ON A FARM?						
12,208 EDGEMONT STRUCT	12,208 EDGEMONI STREET YES NOT						
3 NAME OF First Middle	Last , 4. DATE Month Day Year						
(Type or print) Dorothy M Lan	OF The state of th						
5. SEX 6. COLOR OR RACE 7 MARRIED 7 NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
FEMALE WHITE WIDOWED DIVORCED	Jan. 1, 1914 46 yrs Months Days Hours Min						
100 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDI- during most of working life, even if retried) CIPIK — Posting Soct. F.B.I., U.S. Go							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
GEORGE R. McGEE	MAE LINOUIST						
	INFORMANT Address						
(Yes, no, or unknown) (If yes, give war or dates of service) NONC MI	. Carroll D. Landvoigt, 12,208 Edgement St.						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	SLIVET SPLITMTRYAL BETWEEN						
THE THE CAUSE OF T							
DUETO both lungs							
conditions, if only, which) the Primary Carrinowa right breast 20 410							
gave rise to immediate couse (a), stating the under-	7						
lying couse last, (c) (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH UTTO CONTRIBUTING CONTRIBUTION CONT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO D						
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of Item 18.)						
	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)						
Hour o. m. 19 While Not white p. m. 19 of work of work	clary, street, affice bldg., etc.)						
21. I certify that I attended the deceased from Tobal C	1959 to June 2, 1960 that I last saw the deceased						
mAnn.	accurred at 5 20 AM, from the causes and an the date stated above						
dive da di di di dedi	ADDRESS (Street, city or town, state) DATE SIGNED						
SIGNATURE SIGNATURE	MO. 10620 Governa lang JUNO 2, 1960						
PHYSICIAN'S George L. Ball	Selver Spring Med						
220 BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
BEEMOVAL (Specify) 6/E/60 ADITHOTON NA	T'L. CEMETRRY ARLINGTON, VIRGINIA						
231 FUNERAL DIRECTOR'S SIGNATURE TO THE STORES SORING	G. MD. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
Raymond a-Tiska	DATE JUN 9 '60 Cirthur S. Know						

altending physician and campletely filled in requires that the death certificate be executed within 24 ha Then please remove corbon papers. may be readed by the hasping to FUNERAL DIRECTOR: After page 3 shauld be detached for the registrar prior to burial, c

VS A15 (4) 15M 10/57

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

07098

N al V	7151 CEKIIFI	ICAIE OF DEATH						
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
_/	a. COUNTY MONTGOMERY MARYL	AND G. STATE MARYLAND b. COUNTY HOWARD						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
0.70	OLNEY 4 DAYS	WOODBINE						
3	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION MONTGOMERY COUNTY GENERAL HOSP	d STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
	(Type or print) DAISY ONA							
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	D B DAJE OF BIRTH 9 AGE (in years 1F UNDER 1 YEAR IF UNDER 24 HR lost birthday) Months Days Hours Min						
	FEMALE WHITE WIDOWED DIVORCED	JULY 23, 1902 July 23, 1902 July Months Days Hours Min						
	10a USJAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
	during most of working life, even if retired) HOUSEWIFE	MARYLAND U. S. A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
		U. T. F. Vincinia Forton						
	JAMES AUTHUR MOXLEY 15 WAS DECFASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	HATTIE VIRGINIA Easton						
	(Yes, no, or unknown) (If yes give war or dates of service)							
		HOSPITAL RECORDS OLNEY, MD.						
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSE AND DEATH						
	PART 1. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (a) Vermia							
	DUE TO	11 1:1-						
	Canditions, if any, which) (b)	is Norther 145						
	gave rise to immediate (
	lying cause last.							
	/ ()	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS						
4		PERFORMED?						
. 3	O ACCIONE WAS UNDERWING TO 201 DESCRIPT HOW INTRIBUTED	YES NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) Ulifether, Notify Medical examiner)								
		20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote						
	Mour a, m. While Not while	20e. PLACE OF INJURY (Home, form, 20f (City ar town) (County) (State factory, street, affice bldg , etc.)						
	₹ p. m. 19 at wark at wark							
	21 I certify that (I) (this hospital) attended the deceased	fram. 65, 1960, ta 6 9, 1960 that (I) (we) la						
- [saw the deceased alive an 1960, and	that death accurred to PM, from the causes and an the date stated above						
	22a. SIGNATURE	22b DATE						
	MAN	M D PHYS. MED DIRECTOR D STAFF PHYS.						
	22c PHYSICIAN'S	22d. ADDRESS						
	NAME (Type)	SANDY SPRING, MARYLAND						
	C. H. LIGON, MD.							
	REMOVAL (Specify)	TERY OR CREMATORY 23d LOCAT ON (City, town, or county) (State)						
	Burial June 12,1960 Pin	ne Grove Mt. Airy Md.						
	24 FUDIERACIDIRECTOR'S SIGNATURES ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
	War of Wollsword Damasc	Clathy & House						

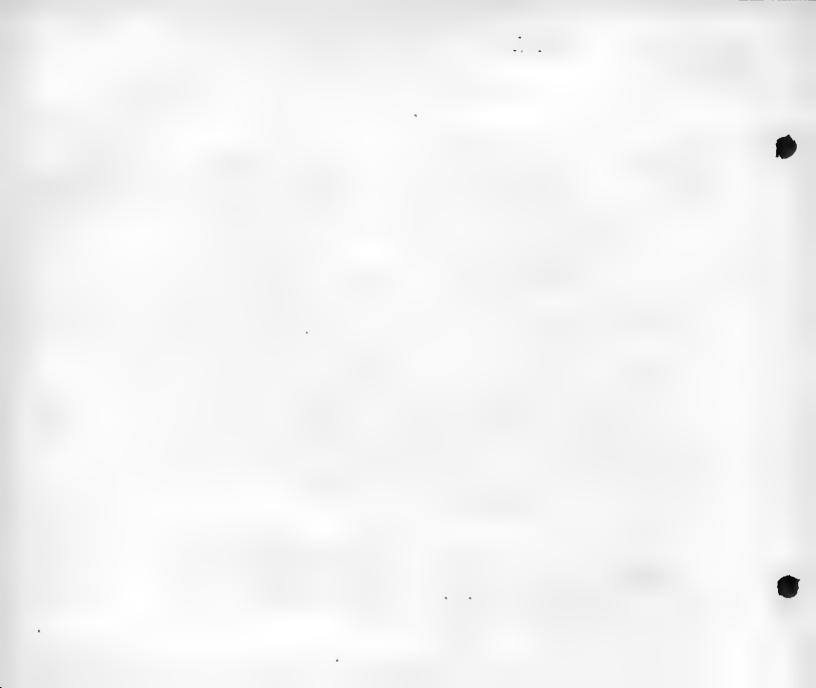
ofter death. Page 4 in by the funeral director, TO HOSP OR ATTENDING PH may be need by the hospital TO FUNEDAL DIRECTOR: After this



Page

fter death,

15M III/59



CERTIFICATE OF DEATH 7056 director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institut an Residence before admission) a COUNTY 6 COUNTY MARYLAND ero CITY OR TOWN (If outside carporote limits) write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest tawof shauld Orten d. NAME OF HOSPITAL (If not in happital, give street address) d STREET ADDRESS IS RESIDENCE Carsaer 5 25 YES INO F puo .E NAME OF First 4. DATE Manth filled DECEASED OF DEATH 1960 (Type or print) IF UNDER TYEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years last buthday) Manths Days Haurs WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Own home 4.S. A PERSONNE OR want oc elektrick - Homemaker pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pllysicion WILLIAM TURNER IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address 207 578-48-2911 attending 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 hr MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE JERMINAL DISEASE COND TION G VEN IN PART 1(a) 19 PERFORMED? YES NO P 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Part II of tem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form, | 20f (City or town) 20d INJURY OCCURRED (State) (County) Haur a.m. Nat while factory, street, affice bldg., etc. While at wark of wark p. m. 21. I certify that I attended the deceased from _ 1960 to 19.00 that I last saw the deceased ., and that death accurred at 1273M, fram the causes and an the date stated above. 00 alive an DIRECTOR: ACTUAL **SIGNATURI** PHYSICIAN'S TO FUNERAL NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Prince Geo. County, Maryland BURIAL 6/23/60 Geo. Wash. Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE E. PUMPHRE DAMUN 2 4 '60 arthur S. Kraus VS A1S (4) SILVER SPRING, MD. 1SM 9/S8

MARYLAND STATE DEPARTMENT O

F HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7153

07101

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) o. STATE Maryland b. COUNTY Montgomery
b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest lown) Bethesda 26 yrs.	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethesda
d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 5120 Manning Dr.	'd street address 5120 Manning Dr. 8 IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First Middle DECEASED (Type or print) SIDNEY ELY	LINDERMAN 4. DATE Month Doy Year Doy 19 60
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	March 20,1903 9 AGE (In years of birthdoy) 57 yrs 9 AGE (In years of birthdoy) 57 yrs Months Days Hours Min.
The usual occupation (Give kind of work done localing of the second of the local principle	Bethelem, Penna. U.S.
Garrett Brodhead Linderman	Jennie Brodhead
(Yes no, or unknown) (If yes, give war or dates of service)	Mrs. Eugenia Linderman Addre Same as Item#
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (c)	rinefhitic absence unbrown
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH OF CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NE (Emer noture of injury in Port of Port 1) of item (8)
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.) 20f (City or town) (County) (Stote bldg , etc.)
21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an June 19.00, and that	death accurred at 19 M, from the dayses and an the date stated above
220 SIGNATURE Robert W Coole	M.D. ATTENDING MED. STAFF BYS 6 10 60 SIGNE
22c. PHYSICIAN'S NAME (Type) ROBERT N. COALE	4630 montgomery are, Betherda, Ind
230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Cremation 6-11-60 Cedar Hill	OR CREMATORY 233 LOCATION (City, fowr, or county) (Stole) Crematory Prince George Co., Md.
24. FUNERA ORECTOR'S SIGNATURE ROBERT A. PUMPHREY, Bethesda,	Ma. DATE HIN 1 4 '60 CALLING S, Trans

may be it do by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic on and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. I gate 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours of ther death TO HOSPI VR A15 (4) 15M 9/59

after death. Page 4

BR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

in by the funeral director, and 2 should be fued-with

47 .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7035 **CERTIFICATE OF DEATH**). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND b. COUNTY MONTGOMERY MONTGOMERY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! SILVER SPRING P SILVER SPRING 9 VIS. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 8411 11th Ave. 11th Avenue YES NO. NAME OF First Middle 4. DATE Last Month Year DECEASED SMITH (IMI) LINTHICUM (Type or print) DEATH 1960 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MALE lost birthday) Months Days 10/13/93 WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? District Mgr life, even if retired) Wilson Steamboat MARYLAND U.S.A. Line 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE F. LINTHICUM LAURA TABLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Marie W. Linthicum. 8411 NO 578-14-6584 SELVET SPEERS INVESTAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY ORONAR IMMEDIATE CAUSE (a) 2-3 minutes DUE TO tery Heart Disease Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-Scherosis lying cause lost. oronare PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19 WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or lown) Day, Year (County) (State) Hour a. n. factory, street, office bldg., etc.) While Not while at work at work p. m. June 1960 that I last saw the deceased 50pt , 1957, to 21. I certify that I attended the deceased from.___ 1960 , and that death occurred at 83 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 6-20-60 PHYSICIAN'S ROBERT Hyattsville, Md. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) BUREMOVAL (Specify) 6/23/60 PARKLAWN CEMETERY MONTGOMERY COUNTY, MARYLAND 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 4UN 2 4 '60 SILVER SPRING, MD. VS A15 (4)



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Regidence before admission) PLACE OF DEATH a. COUNTY o STATE filed b. COUNTY -MARYLAND b. CITY OR TOWN (If outside perpendic limits write RURAL and give necrest (1971) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should TAKOMA KOMA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 YES TO NO 17 puo 2 NAME OF Middle 4. DATE First Last Month Day Year DECEASED filled Poges (Type or print) DEATH 19 (5. SEX 6 COLOR OR RACE 9. AQE (In years last b rihday) IF UNDER PYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED [5 yrs 106 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY)
during most of working life, even if retired BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? BEALLSVILLE 11 120 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME physici remove o WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT offending | no. ease n. NONE 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 풉 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? YES TO NO IL has CERTIFI 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bidg., etc.) Hour o m While Not white ot work at work p. m. 21. I certify that (I) (this haspital) attended the deceased fram. 19.60, that (1) (we) last 1960, and that death accurred at 1.3 M. saw the deceased alive and fram the causes and an the date stated above. 8 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECT STAFF PHYS. M.D. PHYS. DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) FUNER 230 BURIAL CREMATION, 235, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) page the Ste BURIAL (Spec fy) 0 24 EURETAL DIFFCTOR'S SIGNATURE AODRESS 256 REGISTRAR'S S GNATURE 250. REC'D BY REGISTRAR DATE JUN 21 '60 arthur & Krous 15M 9/59



CERTIFICATE OF DEATH 7154 il director, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND Montgomerv New York b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) О Bethesda Massapegua d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center. Bethesda 14. 66 Cedar Street YES NO TO 3. NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) Antonio (None) Livorno DEATH June 19 60 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years last birthday) 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Male White WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clothing Manufacturer Manufacturing Italy U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Livorno (Unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. mascertainable The Clinical Center, Bethesda 14, Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] ONSET AND DEATH DEATH WAS CAUSED BY ? Cardiac Failure Minutes IMMEDIATE CAUSE (o) DUE TO Uremia Months Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the under-Candida Endocarditis 6 Months lying cause lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES A NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur a.m. Not while at work at work 1960, to June 3 1960, that I lost saw the deceased 21. I certify that I attended the deceased from May 17 , and that death accurred at 2:25A M, from the causes and on the date stated above alive an DATE SIGNED ACTUAL P Institutes of Health SCHENKER, PHYSICIAN'S NAME (Type Bethesda 1/1. Maryland FUNER, 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) REMOVAL (Specify) ADDRESS 240 RECO BY REGISTRAR 246 REGISTBAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	D. Heat even
	7058 CERTIFI	CATE OF DEATH Rog	07105 g. Dist. No.
	PLACE OF DEATH COUNTY MONTE OWNEY MARYLAN	Maryland Montgo	mery
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	177	and give nearest town)
-	Takoma Park 5 Hours d NAME OF HOSPITAL (If not in hospitol, give street oddress)	// Rockville /d STREET ADDRESS	e, IS RESIDENCE ON A FARM?
5	Washington Sanitarium & Hospital	1326 Viers Mill Road	YES NO
3	NAME OF First Middle DECEASED (Type or print)	Lost 4. DATE Month OF DEATH June	Day Year 5 19 60
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) Mon	NDER I YEAR IF UNDER 24 HRS
10	0a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN	- June 5, 1900	CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired) 3 FATHER'S NAME	Maryland	United States
4	Charles Leonard Long	Vivian Audrey Wartin	
		7 INFORMANT Address	
	no	mother same	
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	profession.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	afundy	ONSE! AND DEATH
	776 X DUE TO	1	
	Conditions, if any, which gove rise to immediate		
	cause (a), stating the under- lying cause lost.		
NOTATI NOTATI		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOST
FEDTIS	206 ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I ar Port II of Item 18.)	
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work discovery disc	PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)	(County) (State)
		5 . 19 60, to 10:115am, Ju519 60, the	
	alive on June 5, 1960, and that de	ath accurred at 10:1154M, from the couses and a	
	ACTUAL SIGNATURE HELPEN THE THEMPS.	M.D. \$22.4 - Ya ave substantial	DATE SIGN
	PHYSICIAN'S		651
7	NAME (Type) Herbert H. Diamond, M.D., 822	Ly Georgia Avenue, Silver Spring	Md (Stole)
	CREMOVAL (Specify) CREMOVAL (Specify) CREMOVAL (Specify) G-6-60 Wash. San.		Maryland
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE
	Robert Hare, M.D., Wash, San, & Ho	SD. DATE JUN 1 4 '60 Cold	hur S. Kraus
-	2075364 X V D		



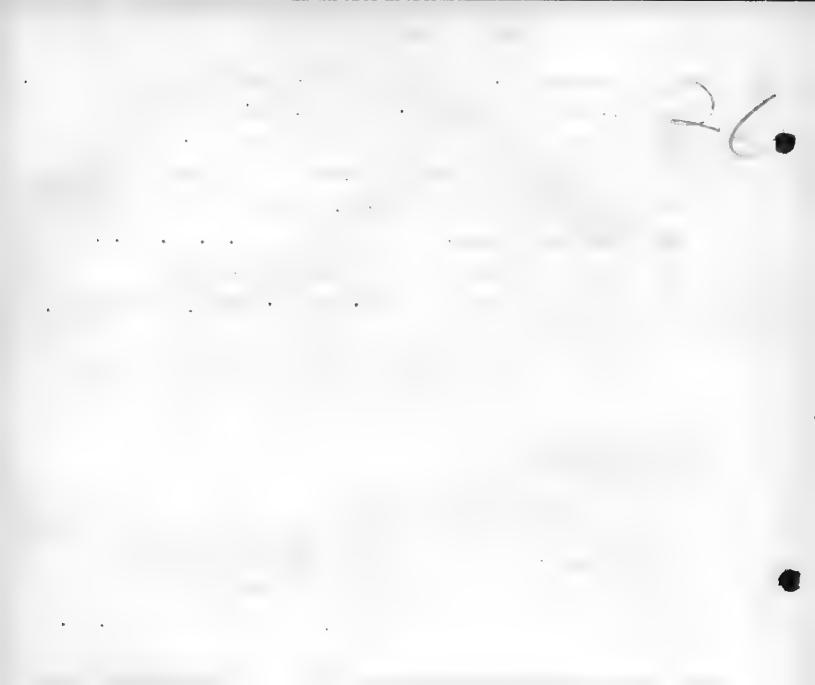
VS A1S (4) 1SM 9/SB

		MARY	AND	STATE DEPAR	MT	ENT OF HEALT	H-BA	LTIMOR	E, 18		
		7155		CERTIF	IC/	ATE OF DEAT	H		Reg. I	() 7 Dist. No.	106
1.	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceo		nstitut on, Resid		odm ssion)
1	a. COUNTY Mont	gomery		MARYLA	AND	g. STATE Maryl	and	ь. сс	YTAUC Mon	teome	rv
	b. CITY OR TOWN (II RURAL and give no	outside carporate limi	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (I	f outside con	porote limits,	write RURAL on	d give near	est town)
Ľ	Beth	resda		10 days		5 Cabin	John				
	OR INSTITUTION	AL (If not in hospitol, g Irban Hospi		oddress)		d. STREET ADDRESS	MacArt	hur Bl	vd.	e	ON A FARM? YES NO
3.	NAME OF	Fic		Middle		Last	4. DATE		Month	Doy	Yeor
	(Type or print)	Mi	ldre	i Ma e		Lowe	OF DEAT	н	June	12	19 6
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In	years IF UND	ER 1 YEAR	Hours Min
	Female	White	WIDOWI	ED DIVORCED		Abr 30. 1	914	46	yrs Month	Doys	Hours Min
10	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (SIG	te ar foreign	country)	12.0	ITIZEN OF	WHAT COUNTR
	Bank Tel	ller	1	Union Trust	Co	Distri	ct of	Columb	ia	U.S.	Α.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				S 4.84	
	Fra	ank O. Lowe				Martha K	Lvnc	h			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	-	NFORMANT			3 MECAr	thur	Blvd.
1,	No	ri yes, give wor or ogies or i		Jnknown	F	rank 0. Lowe			in John		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]	1		-1		1	INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. OSET AND DEATH IMMEDIATE CAUSE (0) OSET AND DEATH										
	1714 X DUE TO CONTRACTOR OF THE PARTY OF THE										
	Conditions, if or			Marion	1	o yrunu	pear				
	gave rise to it cause (a), stating t				J						
	lying couse last.) (c)								
FICATION	PART II OTH	IER AIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TER	MINAL DISE	SE CONDITIO	ON GIVEN IN P.	ART 1(o) 19	WAS AUTOPS
S	V 1	venmar	4	arlund of	m	Lung	nula	loga			YES NO
CERT	20a. ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 🗍 = CAUSE OF DEATH MEDICAL EXAMINER)	of b. DES	CRIBE HOW INJURY OCE	CURRE	D. (Enter nature of injury i	n Port I or P	ort It of item	18)		
MEDICAL	20c TIME OF INJUR	Y Month, Doy, Ye			Oe. PL	ACE OF INJURY (Home, fo	rm, 20f. (C	ity or town)		(County)	(Sto
MED	Hour o.m.	19	While at wor	k ot work	TO	citary, street, office blog , o	STC-1				
	21. I certify th	at 1 attended the	decens	ed from hw	-	- 19 57 ta	6/1	2/1	of Ghat I	last saw	the deceas
	alive an	P12.			leath	occurred of 2,45	M from				stated abov
	\wedge	1-1-7	V	1 1 1	\	14 0		(Street, city or		ne date	DATE SIGN
	ACTUAL SIGNATURE	whi.h.	10	wo held		WD LN'TO	1			6	/12/60
	PHYSICIAN'S NAME (Type)	lech I. Ri	ddie	<u></u>		1835 E	ye St	. N.	W. Was	h. D	. C.
22	BURIAL CREMATIO	N. 226 DATE THERE		22c NAME OF CEMET	ERY O	R CREMATORY	22d LOC	ATION (City,	fown, or county	y)	(Stote)
	Burial	6/15/60		Parklawn	C	emetery	Ro	ckyil	le. Ma	ryla	nd
23.	FUNERAL DIRECTOR			ADDRESS	3.0	240 RE	C'P BY REC	STRAR 245	. REGISTRAR'S	SIGNATUR	E
	Robert A	A. Pumphr	ey	Bethesda,	M	aryland DATE	014 1 3	00	ariling 2	I. Thaty	



7036 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Maryland Montgomery Co. Montgomery Co. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Silver Spring 20 yrs. Silver Spring . IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS or Astitution Colston Drive ON A FARM? 2408 Colston Drive YES 🗍 NO 🗘 ₽. NAME OF 4. DATE Middle Month Yeor DECEASED 19 60 16 John Julian DEATH June Lyne (Type or print) 9 AGE (in years law birthdoy)
9 yrs IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED S. SEX B. DATE OF BIRTH Months Male White WIDOWED [DIVORCED [7] 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Jefferson Co. W. Va. U.S.A Grain Doerated Elevator 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Ellen Lemen Charles Barton Lyne g physici remave INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2408 Colston Drive attending p Mrs. Susan H. None Lyne Silver Spring Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH 7 PART I, DEATH WAS CAUSED BY: 10 min IMMEDIATE CAUSE (o) DUE TO gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote factory, street, office bldg., etc.) Hour o.m. While Not while at work at work 21. I certify that I attended the deceased fram. , and that death accurred at 11. M, from the causes and an the date stated above. _, 19___,that I last saw the deceased detack FUNERAL DIRECTOR ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Betheoda 14 mol PHYSICIAN'S NAME (Type) 226 DATE THEREOF 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Shepherdstown Elmwood Cemetery FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & Kraus ISM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



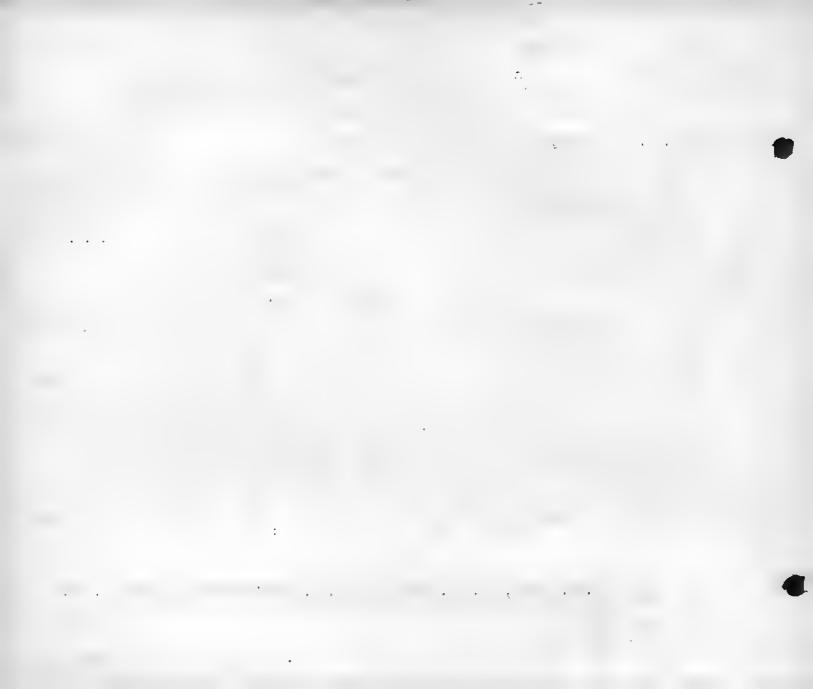
death. Page

The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY a. STATE b. COUNTY MARYLAND St. mary's Montgomery Maryland death. b. CITY OR TOWN (flautside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town (Rura) Bethesda Great Mills 1 day d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Box 83 YES NOX U. S. Naval Hospital Day NAME OF First Middle Last 4. DATE Manth Year filled DECEASED OF John MARRON 1960 Anthony DEATH June 17 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO B DATE OF BIRTH 9. AGE (In years last birthday) Months Male Caucasian 5-1-60 WIDOWED | DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? None during most of working life, even if retired) U.S.A. Maryland pup 14. MOTHER'S MAIDEN NAME deatill certificate be 13 FATHER'S NAME physician John M. MARRON Maxine JACKSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Hospital Records None attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: law requires that the IMMEDIATE CAUSE (a) DUE TO þ igned by permit. Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY emotion. PERFORMED? YES TE NO 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c T ME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form, 20f (City or tawn) (County) (State) 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark 🔲 at wark p. m. 21. I certify that (I) (MIXINGDIM) attended the deceased from June 16 12 60 19 60 that (1) type) last June 17 1960, and that death accurred at 4:40 from the causes and an the date stated above saw the deceased alive an June 16 DIRECTOR: 22a SIGNATURE M.D PHYS MED DIRECTOR STAFF ö 22c. PHYSICIÁN'S 22d. ADDRESS should NAME (Type) FUNERAL U. S. Naval Hospital, Bethesda, Md page 3 the Stat 23a, BUR AL CREMATION 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Leonardtown, Laryland St. Aloysius 0 **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S GNATURE VR A15 (4) FUNERAL HOME LEONARDTOWN. MIDATEJIUN 21 '60 15M 9/59



07110

CERTIFICATE OF DEATH 7159

-												
1	PLACE OF DEATH			***		USUAL RESIDENCE	(Where decease	ed lived. If institu		mca before	odmisse	or)
	Montgemer	The same of the sa		MARYI	LAND	Virgini:	a.		ingtor	1		
	b. C TY OR TOWN (I RURAL and give no	Fautside carporate limi	ls, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN	(If outside corpo	orote limits, write	RURAL and	give neare	est town)	
	. Bethesda			32 days		Arlingt	on			2	F	
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitor, g	ive street	oddress)		d STREET ADDRES				}	IS RESI	FARM?
_	The Clini	cal Center	Bet	thesda 11:	Md. II	1711 So	uth 26th	Street	Apt	. 6	YES [NO [J
3	NAME OF	Fir	si	Middle		Last	4. DATE		onth	Day	Y	ear
	(Type or print)	Geo	rge	Rufu	s	Mason	OF	Ji	me.	1	<u> </u>	9 60
S	SEX	6 COLOR OR RACE	7 MARI	RIED 🗹 NEVER MARRIE	D 🗌 8 D	ATE OF BIRTH		9. AGE (In year lost birthday)		1		R 24 HRS
	_Male	White	WIDOW	ED DIVORCED		July 31.	1913	1,6 70	171-0771112	Days	Hours	Min
10	USUAL OCCUPATIO		dane 10b	KIND OF BUSINESS OF	RINDUSTRY			country)	12 CI	TIZEN OF V	WHATC	OUNTRY?
(Cafeteria I	_	'	Restaurant			Virgini	io		II S	S.A.	
	FATHER'S NAME	tottaget:		THE STREET	14	. MOTHER'S MAID	EN NAME			- 17.81	JARA.	
	George Ma	son				Freda K	ienle					
	WAS DECEASED EVE	R IN U. 5. ARMED FOR		SOCIAL SECURITY NO	17 INFOR	44.4 5.170	edical I	Pagard Ad	dress			
(4		If yes, give wor or dates of s		-/						W 40	_	
_	Yes	4.0		263 <u>-10-7909</u>	The	Clinical	Centar,	. Bethes		,	ylan	<u>id</u>
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH											
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia											
	DUE TO											
	Conditions, if and which by Carcinoma of pancreas with hepatic matastases											
	cause (o), stating the under-											
	lying cause last.) (c	1									
Z	PART II OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE	ERMINAL DISEA	SE COND TION G	IVEN IN PA	RT 1(a) 19.	WAS A	UTOPSY
CATIC											PERFOI YES 🔀	NO 🗌
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature of injur	ry in Part I or Po	ort II of item 18)				
MEDICAL	20c TIME OF INJUR	Y Manth, Day, Ye	ar 20d I	NJURY OCCURRED	20e. PLACE	OF INJURY (Home,	form, 20f (Cit	ly or town)		(County)		(Stote)
ED	Hour a m	19	While	Not while	foctory	street, office bldg	., etc.) [
×	p. m		al wor	k ot wark								
	21 I certify tho	t (I) (this hospital) otteno	led the deceased	from_Ma	LV_18	, 1960, to.	June 19	196	50., tha	it (1) (v	ve) lost
				9 . 19.60, and		~						
	220 SIGNATURE	7) 17	1)	7	mor acar	T Goccorred OL	a _ commandin	The cooses t	71.0 0.1 11	10 0010		DATE
	1	1 an 13.	Tet	12	M D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS			6/	20/60
	22c. PHYSICIAN'S					22d. ADDRESS m	he Clini	ical Cen	ota I	Vatio	nal	
	NAME (Type)	Alam D Da	4414	M D		To a make it does not	116 01111	TOUT OOI	Trans.	na oro	3.6.3	,
		Alan B. Re				Institut						
23	BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREC		23c NAME OF CEME				ATION (City, town		,	(Stote	2)
	Burial	June 22,	1960	Arlington	Nati	onal Cem.	Arl	ington,	Virgi:	nia		
24	FUNERAL DIRECTOR	S SIGNATURE	FY 1.7-	ADDRESS	47-2	25a.	REC'D BY REGIS	TRAR 255 REC	SISTRAR'S S	IGNATURE		
	ves runera.		+/ WI	lson Blvd.,	ATIL	ngton, DATE	JUN 22'6	10 a	rilun S.	Kraus		

may be LTM and by the haspital ar attending physician.

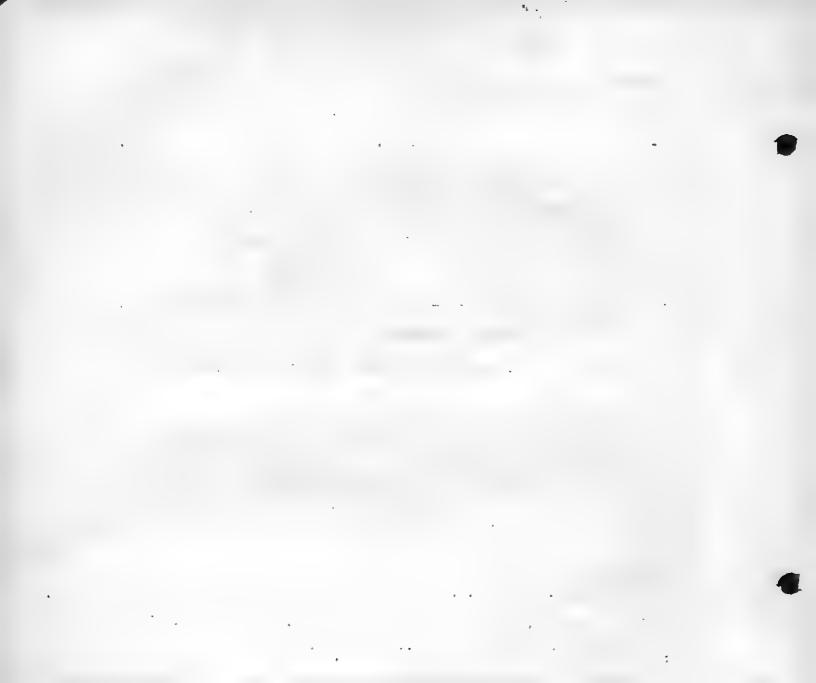
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, shauld be filled with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 77 hours offer death.

after death. Page 4

BR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 r.

A)A d

VR A15 (4) 1SM 9/59





1. PLACE OF DEATH

Montgomery

COUNTY

NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Male Caucasian WIDOWED IN 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Medical Officer 13. FATHER'S NAME Henry C. MAY IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/SONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour a.m. 21 I certify that (4) (this haspital) attended the deceased from June 19 sow the deceased alive on June 21 22o 5 GNATURE 22c PHYSICIAN'S 23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (State) Arlington National Arlington Virginia **ADDRESS** 25a REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE umphrey Funeral Home, Bethesda, Md. DATE JUN 2 4 '60 arihur & France



07112

12 CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

YES NO D

U.S. Address Takoma Park Mc Mary Katherine Long-505 Domer Ave.Apt INTERVAL BETWEEN ONSET AND DEATH INSTAL ARTERIO SCUT RUSIS PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Not 19 WAS AUTOPSY PERFORMED? YES NO (Caunty) [State] that I last saw the deceased ._M, fram the couses and on the date stated above. ADDRESS (Street, city ar town, state) NAME (Type 220 BURIAL CREMAT ON. 22b DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Burial 22,1960 Richmond, Calvary Com. Mt. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR The S. H. Hines Co. Washington.D. C. DATE JUN 21 '60 arthur & Heard

VS A15 (4) 15M 9/5B



ofter death. Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPIT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
7160 CERTIFICATE OF DEATH

7160

7		LACE OF DEATH					USUAL RESIDENCE (WI			Residence be	fore admissio	n)		
			tgomery	(Rural)	MARYLAI	ND N	o STATE ew Jersey		P. CONNIA	Cape M	ay			
	k	CITY OR TOWN	(If outside corporate lim	its, write c. LEN	IGTH OF STAY IN	1b	c. CITY OR TOWN (IF o	outside corporate li	mits, write RUR/	AL and give n	earest lown)			
	Bethesda (Rural)				10 days		Ocean City							
af	0	NAME OF HOSE	TAL (If not in haspital,	give street address)		d. STREET ADDRESS				B IS RESID	ENCE			
7			aval Hospit	al, NNMC		645 Shore I	rive			YES X				
	3. 1	NAME OF	F	írst	Middle		Last	4 DATE	Month	1	Day Ye	eor e		
		DECEASED Type or print)	Dorothy	7	Elizab	oeth :	MC MASTER	OF DEATH	June	25	19	960		
	5. 5	SEX	6. COLOR OR RACE	7. MARRIED 📉	NEVER MARRIED	B. D.	ATE OF BIRTH	9 AC		UNDER TYEA	R IF UNDER	24 HR5		
		F	С	WIDOWED [DIVORCED	5	May 19 191		birthdoy) M	Nanths Days	Hours	Min		
	10a	USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND C	OF BUSINESS OR II	NDUSTRY			-	12. CITIZEN	OF WHAT CO	UNTRY?		
		Housewin	orking life, even if retire	None			Pennsylv	rania		11	S. A.			
	13.	FATHER'S NAME		210240		14	MOTHER'S MAIDEN N			0.	D. A.			
		Carl M	EDER				Florence BATTERSBY							
		WAS DECEASED EN	ER IN U. S. ARMED FO		SECURITY NO.	17 INFOR		711 TTT (1)2 T	Address					
	(Yes	no, or unknown)	(If yes, give war or dates of	none		Mah	lon M. MC N	ASTER (same as	#2 ah	ove)			
			EATH [Enter only one of		a), (b), and (c)]	I.W.A.L.I	TOU M. PO I	PIOTIMI (Some ab		TERVAL BETY	WEEN		
		PART I. DI	EATH WAS CAUSED BY:	(10		XL	ATOS,	15 2	MAR		NSET AND			
		1 70	. MMEDIATE CAUSE (CC/2	Urj	1/1	7	VITI	/				
		Conditions, if any, which (b) (b)												
		tying couse lost												
	Z	/ (6										ITOPSY		
1	CERTIFICATION	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO IN												
-	FIC	20n ACCIDENT V	VAS UNDERLYING	206 DESCRIBE H	OW INJURY OCC	(IRPED /F	nter nature of injury in	Part Lor Part II of	item 18.1		163 🖪	ио 🗆		
	ERT	OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)	11	OW HOOK! OCC	OKKED. (E	net nature at injury in	10111011011110	1011					
			JRY Month, Doy, Y		OCCUPPED 20	- BLACE	OF INJURY (Home, form	205 /012 1-		151		(Stote)		
	MEDICAL	Hour o m			at while		street, office bldg., etc		wnj	(Count	73	(21016)		
	¥	p. m		at wark 🔲 ot				1						
		21. I certify th	at (I) (this hospite	al) attended the	e deceased fro	om J	une 15 19	60 to Jun	e 25		that (I) (🔻	,		
g		saw the dece	ased alive gn	June 25 1	960 , and th	at deat	h accurred at	M, from the	causes and	on the da	te stated o	abave.		
		220 SIGNATURE	0/1			22b DATE								
Ē.		CON	9509	<u> </u>		M.D	PHYS IN DI	RECTOR D PH	YS. 🗆	Jun	e 25 l	960		
		22c. PHYSICIAN'S NAME (Type)					22d ADDRESS							
		C. R. B	OYCE LCDR	MC USN			U. S. Na	wal Hosp	ital, N	NMC,_B	ethesd	a, Md		
		REMOVAL (Specif	ION, 236 DATE THERE	400	NAME OF CEMETE	RY OR CR	EMATORY	23d LOCATION	City, town, or o	county)	(State)			
	Bı	wial -Shi	pment 6-25		ea Side (Cemet	ery	Marmora	5 N	New J	erser			
	24/	THE PAL DIRECTO	The state of the s	MERIC, A				D BY REGISTRAR	256 REGISTR		JRE Lung & H			
		TARNER E.	PUMPHREYS	Bl.31 GRY	ORGIA AVI	E.STL	VER SERENGS	S. MD. JUN	- 0 00	Cin	-un a. 70	Parent III		



Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Ras danca bafore admission) a. COUNTY e. STATE **b.** COUNTY MARYLAND outside corporate limits, write RURAL and give naerest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 3. NAME OF Middle DECEASED OF (Type or print) DEATE 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BUTT in years (IF UNDER 1 YEAR), IF UNDER 24 HRS. Months | Days | Hours | M.n. WIDOWED [12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retland 13. FATHER'S NAME HER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, go, or unkown) | (If yes give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause par fine for (a), (b), end (c), ONSET AND GEATH PART I. DEATH WAS CAUSED BY: monay vec IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immadieta causa DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 8 NO X ∇ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury In Part I or Part II of Jiem 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year J 20d, INJURY OCCURRED , 20a, PLACE OF INJURY (Home, farm, 1 20f., (City or town) (County) (Stele) While Not While fectory, street, office bldg., etc.) et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry K. and in my opinion please execute the certific through the should be forwarded to FUNERAL DIRECTOR death resulted from: Natural causes Vi Accident Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) ₽40 Burial Rockville Marylar
248. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR JUN 1 5 '60 VS. A15ME arthur S. Kraus Robert A. Pumphrev Bethesda. Maryland DATE 5M 7/59

.11 %	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH Reg. Dist. No.
director with	1. PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
funda de de la	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Springs
oy the	d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION 1. STREET ADDRESS or INSTITUTION VES NO NO NO NO NO NO NO N
led in	3 NAME OF First Middle Lost 4. DATE Month Day Year OF (Type or print) NECT LIFE WARD DATE DEATH TIME 1 106.0
Se dilhin	(Type or print) NELLE WARD MILES DEATH June 1 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors list under 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
ampler opers.	female wide wide wide wide wide wide wide work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
and co	during most of working life, even if retired) Music teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
sicion ve carl	Ira Wilson Poff Callie Huff
h certificing physe remover 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY (If you give wor or dates of service) 16. SOCIAL SECURITY (If you give wor or dates of service) 16. SOCIAL SECURITY (If you give wor or dates of service) 16. SOCIAL SECURITY (If you
he death e attemdir en please at within	18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (b) PART I. DEATH WAS CAUSED BY: Massive Dulmonary embolus IMMEDIATE CAUSE (0) Massive Dulmonary embolus Minutes
s that t d by the mit. Th	Conditions, if any, which to Myocardial infarction, "recent" 23 months
require on signe ond in c	gove rise to immediate cause (a), stating the under lying couse tast. DUE TO Arterios cleratic Cardio Vascular disease Years
physici las bee ial-trar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IET NO
IAN: TI ending ficate to the bur or rem	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IFT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar att this cert r use as emation	Zoc. TIME OF INJURY Month, Day, Year Not while of work
DING hospith Affer the fair in criol, cr	21. I certify that I attended the deceased from December. 1959. to Jensey 1, 1960, that I last saw the deceased alive on May 31, 1960, and that death accurred at 810 PM, from the causes and an the date stated above.
ATTEN by the CTOR: defact r to bu	ADDRESS (Street, city or lown, stote) DATE SIGNED
Dould by	SIGNATURE SIGNATURE SIGNATURE M.D. 1834 I Street, N.W., June 1, 1969 Washington, D. C.
HOSPIT oy be r FUNERA oge 3 sho e registre	NAME (Type) GOOTGE C. Buchanan 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
TO HO Poge The r	by Bluefield West, Virginia
VII A15 (4) 15M 9/55	Ives Funeral Home, Inc. Mar. Arlington, Va. Date JUN 7 160

...

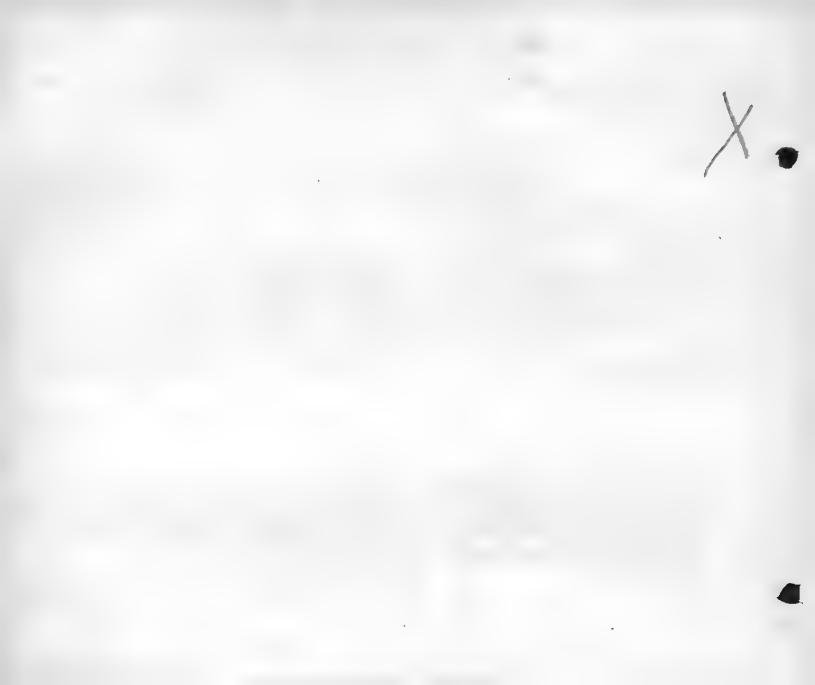
	14.		7162 CERTIFICATE OF DEATH 0711	6
Page director	ed with	1 6	PLACE OF DEATH a. COUNTY MONTROMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE Maryland b. COUNTY Montrom	
r death. fuperal	(M)	R	b CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give neares RURAL and give neares RURAL - Silver Spring 22 days # Kensilve Ton	it town)
s afte by the	45 3. 10°	L '	OR INSTITUTION / TO AL	IS RESIDENCE ON A FARM? (ES NO X
n 24 Filled in	es 1 an		NAME OF DECEASED (Type or print) Albert Elicis Miller Loss 4. DAYE OF DEATH JUNE 8,	Year 1960
d within	Pag Bag	S. S	SEX / C: LE 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days H	UNDER 24 HRS faurs Min
execute nd com	ad bod us	10a.	during most of working life, even if retired) Atterney U.S. Government lowa 12. CITIZEN OF W U.S. Government lowa U.S. Government lowa U.S. Government lowa U.S. Covernment lowa U.S. Covernme	_
ate be	s after	13.	Chauncey D. Miller Marcia Butler	
certific	72 hou	15 (Yes	(was DECEASED EVER IN U & ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT MISS Helen Miller - 10211 Montgamery A	ve Kensine
ne death aftendi	en pleas		ONSET I DEATH WAS CAUCED BY.	AL BETWEEN AND DEATH
s that the	nit. The		conditions, if any, which) (b) Generalized arteriosclerosis	/
require an. n signed	and in a		gave rise to immediate cause (a), stating the under-lying cause last. Column Co	
he law physici has bee	naval, o	CATION		WAS AUTOPSY PERFORMED? ES NO W
tending	the bu	L CERTIF	200 ACCIDENT WAS UNDER(YING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC tal ar at this cert	ir use as rematiar	MEDICA		(State)
NDING e haspi	iched fo		21. I certify that I attended the deceased from May 2, 1960, to June 8, 1960, that I last saw to alive an June 8, 1960, and that death accurred at 6. P. M, from the causes and an the date si	
R ATTE	be deto		ACTUAL SIGNATURE M.D. 180/EYE ST NW WUSH 6 DC. SU	DATE SIGNED me 8, 190
RAL DI	shauld stror pr		PHYSICIAN'S M. H. Stolar, M.D. 1801 Eye St. N. W. Washington	, D. C
May be	page 3 the regi		REMOVAL (Specify) Burial 22b. DATE THEREOF Parklawn Cemetery OR CREMATORY Parklawn Cemetery Rockville, Maryla	(Stote)
VS A15	1.7	23.	Robert A. Pumphrey Bethesda, Md. 24a. REC'D BY REGISTRAR'S, SIGNATURE DATE 24b. REGISTRAR'S, SIGNATURE ADDRESS ADDR	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

s after death. Page 4

2 W DATE UN 13 '60

VR A15 (4) 15M 9/S9



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporale limits, write RURAL and give ne est town) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle (Type or print) 9. AGE (If years IF UNDER 1 YEAR last bythday) Months Deve NEVER MARRIED IF UNDER 24 HRS Months 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MIG. SOCIAL SECURITY NO. 17. INPORMANT (Yes, no, or unkown) (If region were related of service) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY PERFORMED? NO C CERTIFIC 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I of Part II of Itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. | 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide | Homicide Undetermined manner lease execute the cert I should be forwarded FUNERAL DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Sireel, city, town, or county) 22a. BURIAL, CREMATION. 22d_LOCATION (City, town, or country) [Stata] REMOVAL (Specify) <u>5</u>40 FUNERAL DIRECTOR ADDRESS 24a, REC'O BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 JUN 15'60 arthur S. Hours

RYLAND STATE DEPARTMENT OF HEALTH



ppd FUNERAL 0 VS. A15ME(5) 5M 9/55

a. COUNTY

NAME OF

Female

ACTUAL

5 SEX



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution, Residence before y is necessary, director, Page or your files, bard of Health, e. COUNTY **b.** COUNTY Maryland Mentgemery Monte. MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerast town, write RURAL and give neerest town] Seneca Damascus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat eddrass). d STREET ADDRESS IS RESIDENCE ON A FARM? retained he State B Petemac River 27613 Ridge Road YES NO TO 3. NAME OF Middla 4. DATE Month DECEASED (Type or print) DEATH Denald Menree Mexley June 1960 . _ S. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthdey) Months | Days | Hours | Min. 28... male WIDOWED | DIVORCED [within 24 hours after a Green Fages 1, 2, th form TM3. Page 5 rmit. File pages 1 and 10a LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gin country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad carpenter Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Everest M. Mexley Margaret Bewman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [[fyasgivawarordatesofservice] Margaret Item 2 217-28-1287 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Asphyxia IMMEDIATE CAUSE (a) "in pen Office a burial-ti DUE TO drewning Conditions, if eny, which gava rise to immediate causa DUE TO (e), stating the underlying Examiner 88 cause lest. used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION ate, writing the word "
the Chief Medical Ex
R: Page 3 should be a
rior to burial, crematic PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Itam 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ALSE OF DEATH. Fell or accidently pushed of barge anchored in Pot. 20d. INJURY OCCURRED-[20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Steta) Petemac R. Not While While M.d. Seneca et work Montg. should be forwarded to the FUNERAL DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🛣 Inquiry and in my opinion Accident 🛣 Suicide death resulted from. Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Frank Broschart Address (Streat, city, lown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 940 p Burial une 1960 Montgomerv Clagettsville 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE BUNERAL DIRECTOR VS. AISME arthur S. Kraus Damascus. Md. 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 7166 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY filed Florida **b.** COUNTY MARYLAND Montgomery eral be f c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 5 2 St. Petersburg Bethesda (Rural d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS OR INSTITUTION U. S. Naval Hospital 920 12th Street, S. pup c NAME OF First Middle 4. DATE f.Hed DECEASED OF DEATH William (Type or print) Henry MURRAY 9 AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED XX B. DATE OF BIRTH lost birthdoy) 1-4-91 DIVORCED [Male Caucasian WIDOWED | 100 USUAL OCCUPATION (Give kind of work done dung most of working life, even if retired) WALTINET U. S. Navy New York U. S. Navv 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ira A. MURRAY Johanna BURKE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Yes 011-09-4274 (S) Mrs. Mary H. Lapham, same as #2 above g a 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, If ony, which gave rise to immediate **DUE TO** cause (a), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21 I certify that (I) (IMXXXXXXXII) attended the deceased fram. May 5 to June 9 saw the deceased alive on June 9 19 60, and that death accurred a3:17%, from the causes and on the date stated above 22o SIGNATURE MED DIRECTOR M D DIREC 9 22c PHYSIC AN'S 22d. ADDRESS NAME (Type) R. G. MUTH. LT. MC. USN U.S. Naval Hospital, Bethesda, Md. 23g BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Burial-Shipment 6-9-60 Woodbrook Cemetery Woburn 0 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR W. Chambers & Co., 1400 Chapin St. NW, WashDC DATE

15M 9/59

25h REGISTRAR'S SIGNATURE

e IS RESIDENCE ON A FARM?

IF JNDER I YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 🗌

1960, that (1) 106) last

(Stote)

SIGNED

(State)

Mass.

Months Days

Month

June

Address

YES NO RT



TO HOSPIT

VR ATS (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

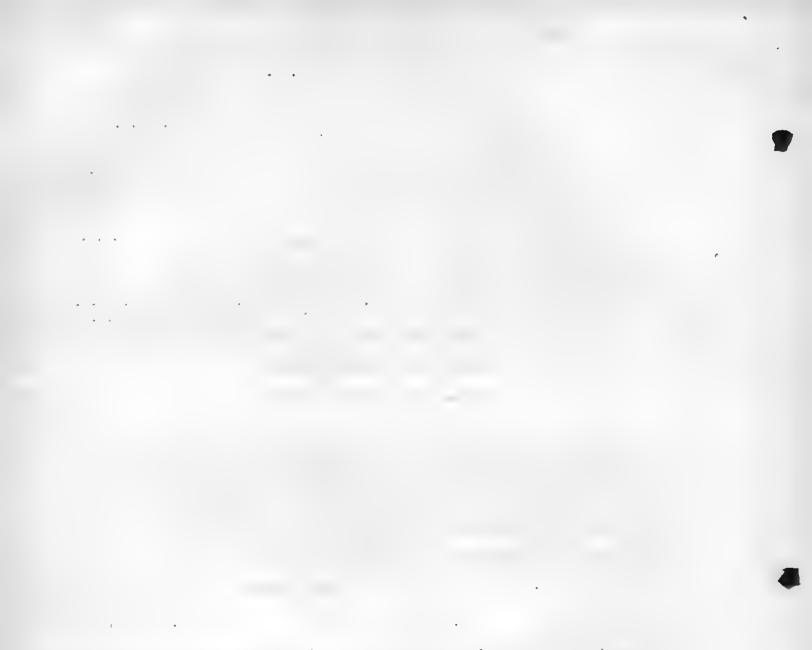
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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the real													
1.	PLACE OF DEATH a. COUNTY	ONTGOMERY		MARY	(LAND 2.	a. STATE	NCE (Wh		d lived. If instituti b. COUNTY				sion)
		(If outside corporate limi	ls, write	c. LENGTH OF STAY	IN 16				rote limits, write F				n}
	_	LNEY		24 HOURS	X	GER	MANT	OWN					
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitot, g		address)		d. STREET ADD							FARM?
		DNTGOMERY G	ENERA			·		1				162] NO []
3	NAME OF DECEASED (Type or print)	Fir Hai	ri RRY	Middle N I CHO		NEHOU:	SE	4. DATE OF DEATH	Mar JUI		16	,	1960
S	SEX	6. COLOR OR RACE	7 MARR	IED X NEVER MARRI	ED 🔲 8. D	ATE OF BIRTH			9. AGE (In years				-
	MALE	WHITE	WIDOWE	DIVORCE	D 🔲	10-21-1	881		18 pirthday) yrs.	Months	Doys	Hours	Min.
100	USUAL OCCUPATI	ON (Give kind of work	ione 10b	KIND OF BUSINESS C	R INDUSTRY	11 BIRTHPLAC	E (Stote	ar foreign c	ountry)	12. CIT	ZEN OF	WHAT	COUNTRY
	FARMI	rking life, even if retired ER				M.	ARYL	AND		U.	s.	Α.	
13.	FATHER'S NAME				1	4. MOTHER'S M	AIDEN N	IAME					
	Henr	ry N. Ne	hous	3 e		Anna	H	ager					
15.	WAS DECEASED EV	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO		RMANT			Add	lress			
(Ye	No or unknown)	(If yes, give war or dates of t	etaice) K	213.12.46	69	Hospi	TAL	RECOR	D s 0	LNEY,	Mo.		
CERTIFICATION	Conditions, if gove rise to cause (a), stoling lying cause lost	immediate DUE TO	DITIONS C		P P/	T RELATED TO TI	HETERMI	NAL DISEAS				YR S	
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRISE HOW INJURY O									451
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a.m. P. m. 19 of work of work of work 19 of wo												
		at (1) (this hospital	n. 16			ATTENDING	a VO:SI	M, fram	the causes at			stated	
	22c. PHYSICIAN'S NAME (Type)	G. F. MEADO						MARY					
23	BURIAL, CREMAT	June 19		23c NAME OF CEM		rematory lodist		Ce de	TION (City town,			Md.	te)
24.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			So. REC'	D 8Y REGIST	TRAR 256 REG	ISTRAR'S SI	GNATU	RE	
1	nancis	H. Barl	فر I	aytonsvi	lle,	Md. o	MULTIN	21 '60	Gul	Lug 8 1	Traces		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 7082 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
KENSINGTON Since 6/18/60 WASHINGTON d NAME OF HOSPITAL (If not in haspita, give street address) Rest Home e. IS RESIDENCE d. STREET ADDRESS 6615 ON A FARM? YES NO M NAME OF Middle 4. DATE Month Day DECEASED OF ERthA DEATH ALKE (Type or print) 1960 IF UNDER TYEAR, IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE ttn Vegrs last biglbday) Months WIDOWED K DIVORCED [7] 10a USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Home make T own home U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Bridges Alice Virginia Palmer 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mr. Erich Mosettig, 6615 ED NO NONE 1st St., N.W. Washington. INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) Haur o.m. foctory, street, office bldg., etc.) While Not while of work at work D. m. Accest 221960 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from Guid Qual 20 1960, and that death accurred at PM, from the causes and an the date stated above saw the deceased alive an. 22a. SIGNATURE SIGNED M.D. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL 1 Seruch T. Kimble 230. BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (State) FT. LINCOLN CREMATORY PRINCE GEO. COUNTY, MARYLAND 6/23/60 25b REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR VR A1S (4) 15M 9/59 arthur & though



4			7168	CERTI	FICATE OF				071	
MA.	1 6	L COUNTY MOI	VTGOMERY	MAI	2. USUAL a. STA	MARYLA	ND b	If institution	MONTGOM	
AI	Ł	COI	f autside corporate limits, carest tawn) LESVILLE	10 yrs.	Y IN 16 CITY 14	OR TOWN (IF at COLESV	itside corporate lim	its, write RUI	RAL and give nea	irest lawn)
X	,	OR INSTITUTION	At (If not in haspital, give 812 MIDLAND	· ·	d. STR	812 MID	LAND ROAL)		e. IS RESIDENC ON A FARM YES NO
		NAME OF DECEASED Type or print)	First MARGU	ERITE RU		last NAI	4 DATE OF DEATH	Month JU		•
	5. 5	EX FEMALE	TITT TIT	MARRIEDE NEVER MARI	TANT	12, 1915	9 AGE	1 1 1 1 1	F UNDER 1 YEAR Months Days	Hours Mi
		usual occupation during most of work Homemaker	DN (Give kind of work do king life, even if retired)	own home	OR INDUSTRY 11. BI		LVANIA		12 CITIZEN OF	WHAT COUNT
		FATHER'S NAME EDWARD SCO	OTT			HER'S MAIDEN N	_			
1)	15 [Yes		R IN U. 5 ARMED FORCE (If yes, give war or dates of serv		o ir informant		lan, Jr.	Addre 812		Road
		Conditions, it a gave rise to it cause (a), stating lying cause last	mmediate Dus TO	carcin	oma c	24	reast		3	14 mo:
()	CATION	PART II OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	EATH BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE CONE	OITION GIVE	N IN PART 1(a)	9 WAS AUTO PERFORMED VES NO
	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 1 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY	OCCURRED (Enter no	ture of injury in P	art I ar Part II of it	em 18)		
	MEDICAL	20c TIME OF INJUR Haur a.m. p. m.	Y Manth, Day, Year 19	29d INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJ factory, street	URY (Hame, form, affice bldg., etc.		n)	(County)	(5)
		21 I certify tho	ot (I) (this bespital) sed alive an Ja	attended the decease ne 15 1960, an	d from Dec.		59, to July M, from the c			
		220. SIGNATURE	Tennant	Steel	M.D PHYS		D. STA	s 0 5	leme.	22b. DAT
		22c PHYS CIAM'S NAME (Type)	G. LENNARI	GOLD	22d,	2641 C	olesvill	le K	oad, Si	lver Sp
	-									
	230	BURIAL (Spec fy) BURIAL			METERY OR CREMATO		PRINCE GI	20.00		

urs ofter death. Page 4



A.			MARYL	AND ST	TATE DEPAI	RTME	NT OF H	EALT	H-BAI	TIMORE,	18		
T.			70%	DICAL	EXAMIN FilmG266	ER'S	CERTIF	FICA	TE OF	DEATH	Reg. Dis	712	5
	1, P	COUNTY MO	NTGOMERY		MAR	YLAND	2. USUAL RES	MAR.	Where decear	ed lived 1f insti b. COUN	tution: Residen	ce balore o	idmission)
	b	STLVE	R SPRING		s. LENGTH OF STAY	- 1	c. CITY OR	SIL	VER SP	PRING	e RURAL and	g ve neares	l lawn)
	ď	NAME OF HOSPITA 9301 W	leaver St.	thea.	Woodland sing Home	51)	d STREET A	DDRESS	Street	addres	s unkr	TO MATE	S RESIDEN LE
	D	AME OF ECEASED ype or print)	Fire CHAI	RLES	Middle ALF REI)	OAKLEY		4. DATE OF DEATH	Mon J		Doy 23	Yeor 19 60
	5. SI	MALE	6. COLOR OR RACE WHITE	7. MARRIED			DATE OF BIRTH 12/6/83			9. AGE in years lost birthday) 76 yrs	HEUNDER I	YEAR IF U	NDER 24 HR
	10o. d	USUAL OCCUPATION OF WORKING ENGINEER,	ON (Give kind of work of plife, even if retired) RETIRED	ione 10b Kil	RAILROAD	INDUSTR	Y 11. BIRTHPLI MAGNO	LIA,	HARFOI	OUNT	I2 CITIZ	EN OF WIH	AT COUNTR
	13.	THOMAS B.		¹			14. MOTHER'S	MAIDEN				THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	
-	15 Yes.		R IN U. S. ARMED FOR	-trianh	7-07-8527		COMMANT LOUISI	В В.	MATEER	Addres R. 735 S.	ligo Av	re .	
	NO	Conditions, if or gave rise to immed (a), stating the usause last.	liote couse	Art	Coronary	osis	- gene			CONDITION G	VFN: IN PARY	yea	len
	RTIFICATI	200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.			HOW INJURY OCCU							YES [RFORMED?
	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Menth, Day, Yeo	r 20d IN. While of work	Not while	Oe PLAC factor	E OF INJURY (Hy, street, office	iome, form bldg., eld	77, 20f. (Cily	er town)	(Coun	ly)	(Stote)
		ACTUAL SIGNATURE	at I took charge resulted from: N Mank J. BRO	Bros), Suicide M.D. CHIEF M ASSISTAN	EDICAL E		, Undeh		onner [and in my I SE SIGNED
	220. Bl	BURIAL, CREMATION REMOVAL (Specify) IRIAL	6/27/60		COKESBURY				22d, LOCAL ABBLI	NGDON, M	ARYLANI) (S	ilote)
	23	WALL DIRECTOR	PUMPTIREX-	E.	ADDRESS SILVER SI	PRING			2 9 '60		ISTRAR'S SIGN		



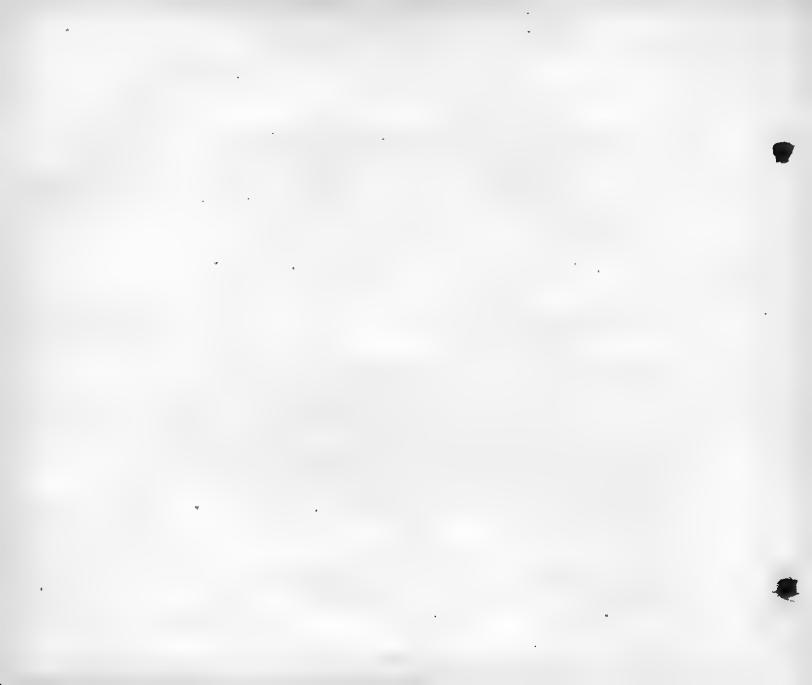
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

71	69	CERTIFICATE C

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Ī	PLACE OF DEATH	romery		MARYL	LAND	2. USUAL RESIDENCE a. STATE		re decease	L COLLEGE	an Residenc	e befare	admissi	or)
	b. CITY OR TOWN (If RURAL and give ne	autside corporate lime	ls, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN	l (If ou	fside corpo	rate fimils, wrile R	URAL and g	ive near	est tawn)	
	Bethesda	aresi idwiij		89 days		Reading				1		À .	. *
		AL (If not in haspita , g	ive street	address)		d. STREET ADDRESS e IS RESID ON A F							
Ĺ	The Clinic	cal Center,	Bet	hesda 14, N	id.	56 Wakefi	eld	Stre	eet				NO 🔀
3	NAME OF DECRASED	Fie	st	Middle		Last	ı	4. DATE OF	Mor		Day		ear
L	(Type or print)	Ter	esa	Ann		0'Brien		DEATH	June)	L	7 1	9 60
S	. SEX	6 COLOR OR RACE	7 MARR	TED NEVER MARRIE	D 🔼	B. DATE OF BIRTH		4.4	9. AGE (In years last birthday)	Manths			
	Female	White	WIDOWI	DIVORCED		December 6,	, 15	956	3 yrs	MUIIIIS	Days	Haurs	Min.
T	On. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (State a	ır fareign c	ountry)	12. CITI	ZEN OF	WHATC	OUNTRY?
	None (Chi.		'	None		Massac	hus	setts			U.S	5. A.	•
1.	3. FATHER'S NAME				•	14. MOTHER'S MAID	EN N	AME					
	Maurice J	. O'Brien				Mary E.	Sta	aplet	on				
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 H	NFORMANT The I		_		ress			
ľ	Yes, no, or unknown) (If yet, give wor or dates of s	ervice]	None	I	he Clinical	L Ce	enter	, Betheso	la 14,	Mai	rylar	nd
	18. CAUSE OF DEA	TH [Enter anly one co	use per lu	ne for (a), (b), and (c)							INTE	RVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY.	P	neumonia							CNSE	T AND	EKS
	1754	DUE TO											
	Conditions, if or		0	ystic Fibro	nsis]	Life	
	gave rise la in	nmediate (700.20	- 13 34 4								
	lying couse last.	he under-											
13			·	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE T	TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	[][a] [19	WASA	UTOPSY
	3											PERFO	NO 📆
TAO TAO POSTOSO		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	D (Enter nature of injur	ry in P	art Lac Pai	t II of item 18.)				
1,000	20c TIME OF INJURY Have a.m.	/ Manth, Day, Ye	ar 20d. II While at war	Nat while		ACE OF INJURY (Hame, ctary, street, affice bldg			y ar lawn)	(0	County)		(State)
	21 I certify tha	t (I) (this haspital ed alive an_ むり) attend	ded the deceased	from	March 18		60, ta_ M, from	June 1	2 , 19 d	o the	at (I) (v stated	ve) last above.
	22a SIGNATURE	Martin	0	wohl	1	M D PHYS		D ECTOR []	STAFF PHYS 🖾				DATE
	22c PHYS CIAN'S NAME (Type)	MARTIN J	. WOI	и, м.р.			The	Clin	ical Cen ealth, B		lati	onal	
2	30. BURIAL, CREMATION BEANOVAL (Specify).	236 DATE THEREC)F	23c NAME OF CEME	TERY E				anul 1		lot	(State	
2	FLNERA, DIRECTOR'S		5-14.	ADDRESS / SA	loon	11 2 ()		BY REGIS	TRAR ZS6 REGI	(/	NATUR Krau		

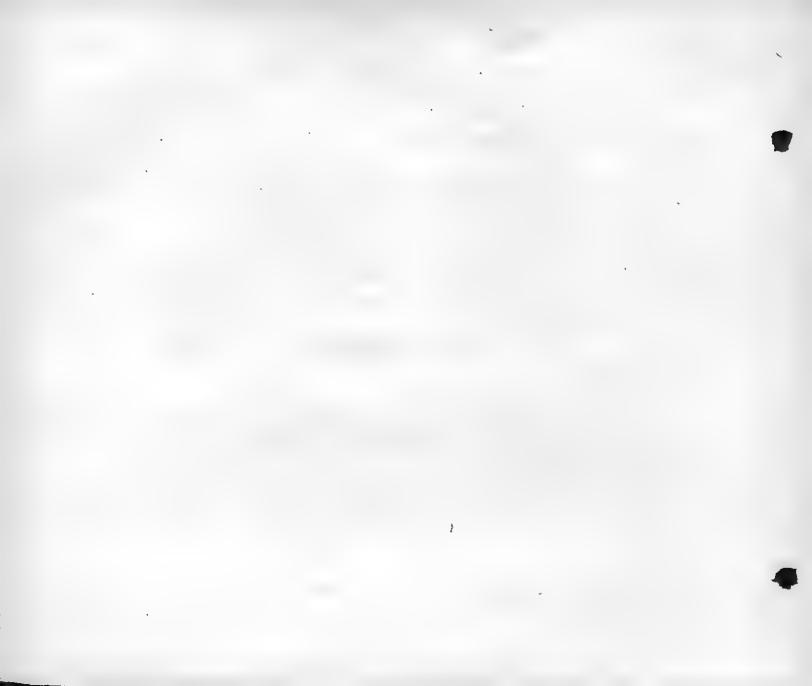


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

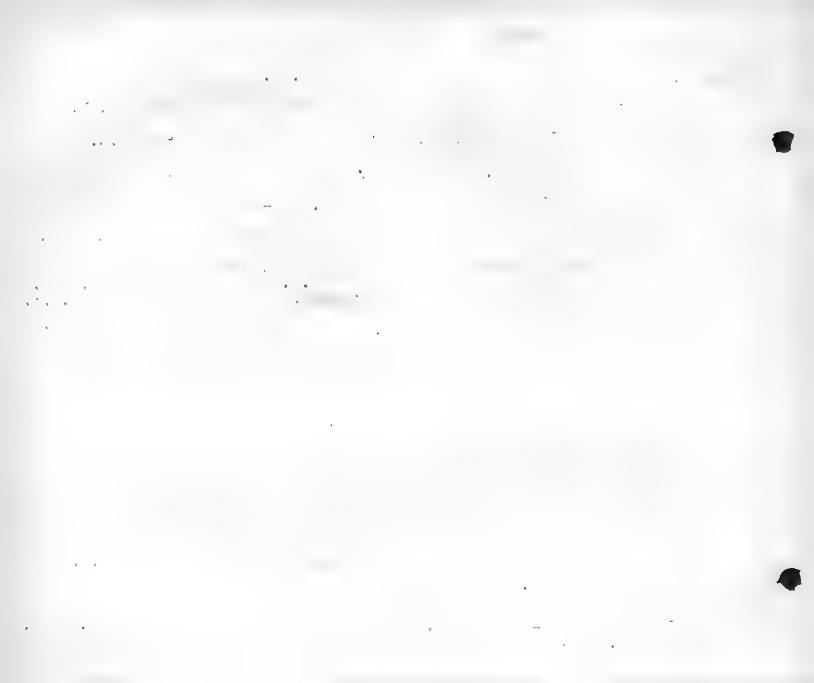




DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write c. CITY OR JOWN (If outside corporate limits, write RURAL and give neares lown) c. LENGTH OF STAY IN 11b shauld d NAME OF HOSPITAL (if not in hospital, give street oddress) d. STREET ADDRESS IS RES DENCE ON A FARM? YES NO P .⊆ NAME OF Middle 4. DATE Last Month DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF JNDER 24 HRS 5 SEX 7 MARRIED NEVER MARRIED 9. AGE (In years lost birth day) 8. DATE OF BIRTH Months WIDOWED [7] DIVORCED [10a. JSUAL-ACCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHILAC (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? dur namost of worming I foreven in retired) OLA 13 FATHER'S NAME 4 MOTHER'S MAIDEN NAME S ARMED FORCES? SOCIAL SECURITY NO. 17 INFORMAN' Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injust in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg , etc.) Hour o.m. While Not while D. M. of work of work 1955 to 1400 25 1960, that (1) (me) lost 21 I certify that (1) (this hospital) attended the deceased from. . 1940 , and that death occurred at 7.65M, from the causes and on the date stated above saw the deceased alive on 6 22o. SIGNATURE 22b. DATE 5 GNED M.D. PHYS MED DIRECTOR 22c. PHYSICIAN'S JRIAL, CREMATION, 235, NAME OF CEMETERY OR CREMATORY UNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REQUSTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07130

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY Peru **b.** COUNTY MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda days d. NAME OF HOSPITAL (If not in hospito, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT The Clinical Center, Bothesda 190 Daniel Carrion NAME OF 4 DATE Midd e Last Month DECEASED Luis Alfonso DEATH (Type or print) Paz June 1960 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Hours White DIVORCED | WIDOWED | November 14. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Peru Peru 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jose Paz Pilar Zapata 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. The Clinical Center, Bethesda 14, None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Jastrointestical hemorrhage davs DUE TO Moniliasis of esophagus and large intestine Conditions, if any, which days gove rise to immediate DUE TO cause (a), stating the underying couse lost. (d) Acute leukomia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO Severe electrolyte imbalance 200 ACC DENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or fown) Month, Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. Not while While of work of work 21 I certify that (1) (this haspital) attended the deceased from. May 18 1960 to June 18 1960, that (1) (we) last 19 60, and that death accurred at 2:14h, from the causes and an the date stated above. saw the deceased alive an June 220 S GNA JA ATTENDINĞ M.D. 22c PHYSICIAN'S The Clinical Center, National NAME (Type) Institutes of Health Bethesda 11 Md. 23b DATE THEREOF 23g. BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) June 25th, 1960 NATIONAL CEMETERY LIMA, PERU 25g REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Carlend D.

VR A15 (4 15M 9/59

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1 1	1_		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	3.4		7061 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4 director, led with	(N)	1. [PLACE OF DEATH S. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY MARYLAND D. STATE D. COUNTY D. STATE D
death.			c. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) Takours Rural of Columbia WASTITNOTON
pfter by the f	7	1	d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION OR INSTITUTION Sunitarium 818 Butternut S. N. L. YES NOTE
24 hq lled in			NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED Type or print) Florence May Perkins DEATH Jine 3 1960
l within letely fi s. Page		s s	
xecuted d campl papers leath.		10a	USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) HOUSE WITE OWN home 12. CITIZEN OF WHAT COUNTRY? U.S. A.
cian ond		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME C. J.
certifico g physic remaye)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT 7 Address 579-05-6892A W. S. Hospetal Review of the control of security in the
aftendin please within			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CAUCLY OF BOWLE INTERVAL BETWEEN ONSET AND DEATH 3 MILEO
thot the by the t. Ther y event			Condition if any which
equires n. signed t permi d in an			gave rise to immediate cause (a), slating the under-
s law re shysicial is been of-transi	*	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
AN: The	v	CERTIFIC	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
HYSICI I ar afte nis certif use as t matian,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while at wark
haspita After It hed for rial, cre			21. I certify that I attended the deceased fram. Thurs 19, 1960 to June 3, 1969 that I last saw the deceased alive an June 1, 1960, and that death accurred at 1964M, fram the causes and an the date stated above
ATTEN I by the ECTOR: se detact	1		ACTUAL SIGNATURE ADDRESS (Strong city or lown, spie) DATE SIGNED SIGNATURE SIGNATURE ADDRESS (Strong city or lown, spie) DATE SIGNED SIGNATURE SIG
retoined AL DIR thould b	-		PHYSIOPAN'S John N. Andrews Silver String Wol
MOSPI may be FUNER poge 3 s		22a	BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY PRINCE GEO. COUNTY, MD.
VS A1S (4) 1SM 9/SB		23,	SUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUN 9 '60 CILLING S. TIMES
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16 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
الك ني الك	717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07132
should by	Reg. Dist.	
hould emplie	PLACE OF DEATH O. COUNTY O. STATE MONTE OF DEATH O. ST	
	Montgomery Maryland Maryland Montgomery	gomery
Stary, poge buriol,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give and give avarest town)	e nearest town)
8 . 0	Glen Echo Heights 38 Glen Echo Heights	
7 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 5401 Wehawken Road 5401 Wehawken Road	e, IS RESIDENCE ON A FARM?
r pr	NOTE WELLEWAY TO A STATE OF THE	YES NO 🔀
ony del min funeral r your files. registrar prior	DECEASED	lay Year
f any function you	(Type or print) Noble Fountain Peters DEATH 6 23	19 60
# 9 2 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	leat birthdoy) Months Doyy	AR IF UNDER 24 HRS.
3 to the control of the with the	Male White WIDOWED DIVORCED 11/3/08 51 yr.	
	during most of working life, even if retired]	OF WHAT COUNTRY?
Sifter don't ond 2 ond 2	Laborer Crane Op. Navy Gun Fact. Maryland US	3
01121	W. FAITHER'S MAIDEN NAME	
5 2 4 5	George F. Peters Anna Maude Trevey	
in 24 h	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] [If yes, give wor or dollar of service]	
長度 人	Yes WW 2 Dryknown Hazel Peters-wife-same 2d	
ored will ored will ored mile.	100	NTERVAL BETWEEN PASET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral hemorrhage	sudden
	976 DUETO	
be exit in the with with	Conditions, if ony, which (b) Rullet wound through skull	
ould beneilt lang lang	(o), stoting the underlying DUETO	
	couse lost. (c)	dia was all and
ate st og in og in og o	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED?
rtifice rs Ocial	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o	YES NO NO
pe in e	206. EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING X 206. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port II of item 18.)	
ward 's ward's Example should	I DELL THITTICIEN DOTICE ADDITION OF ANY	******
S W C W C S		(Stote)
(AMINI Ling the Medico Page 3		ontg. Md.
A SE		\mathbf{X} , and find that
19.60 19.60	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	
She Cate	ACTUAL TO A B CHIEF MEDICAL EVANINED TO	DATE SIGNED
## 0 B	SIGNATURE SINTENIA A M.D. CITET MEDICAL EXPENSES	
A A A	EXAMINER'S TOTAL TO THE PROPERTY OF THE PROPER	23/60
o DEPUT cute the forwarded I	The tipe I I tale of DI ordered	
O DEI	220. BURIAL, CREMAT.ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county)	(State)
T T	Burial 6/26/60 Potomac Church Cem. Potomac, Marylan 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNA	TUPE
VS. A15ME(5)	The state of the s	
5M 9/55	Robert A. Pumphrey Bethesda, Maryland DAMEN 27'60 Command 2. Total	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07133

PLACE OF DEMONTSOMERY o. COUNTY	MARYLAND	2 USUAL RESIDENCE (W o. STATE D. (h COUNTY	ion: Residence before admission)
b CITY OR TOWN (if outs de corporate limits, wri RURAL and give nearest lawn) Kensington	8 Mo.		outside corporate limits, write fington	RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give str OR INSTITUT ON	reet address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Kænsington Gardens	Santarium	511 - 9	C St N.E.	YES NO
3 NAME OF DECEASED (Type or print) Eugene I	L. Phil	lips	4. DATE More DEATH June	22 Page 196-0
S SEX 6 COLOR OR RACE 7 M	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (n years	
Male Caucasian wind	OWED 🔀 DIVORCED 🗍	Aug. 29, 18	80 (ast birthday) 79 yrs.	
100 USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired) Retired	Showman	STRY 11 BIRTHPLACE (Stote D. C.	e ar foreign country)	U.S.
13. FATHER'S NAME		14 MOTHER'S MAIDEN		
Ephriam Phillips		Margar	et diggins	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Records	dress
18. CAUSE OF DEATH [Enter only one couse pe	er line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Acute Congestiv	e Heart Fai	lure	3 Hours
DUE TO				
Conditions if any, which) (b)	Chronic Heart I	Failure, Comp	pensated	3 Mont
gave rise to immediate cause (a), stating the under-				
lying couse lost. (c)	CArteriosclerot	<u>ic Heart Dis</u>	seasse	
Z PART II. OTHER SIGNIFICANT CONDIT OF	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT OF				YES NO
206 ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of item 18)	
d Hour o m. W	tule Not while work of two	ACE OF INJURY (Home, forr clary, street, office bldg, et	m, 20f (City or lown)	(Caunty) (State)
		ctober %9,	Wax in June 22	1960, that (I) (we) lost
21 I certify that (I) (this haspital) of the saw the deceased alive an June 2	$\frac{22}{1960}$ and that	6:2		, 1900, that (I) (we) lost
220. SIGNATURE	ond that	deoth occurred at 6:2	M, Arom the causes of	nd on the date stated above
Kalinih J. Sti	Lacleur	M.D PHYS 🔠 D	NED STAFF	June 22, 1960 SIGNED
22c PHYSICIAN'S NAME (Type)	,	22d ADDRESS		
Robert T. Thil	bzadeau, M.D	Togáa Con	cord St., Ken	sington, Md.
230 BURIAL CREMATION, 236 DATE THEREOF 6-25-60	Ft Lincol		23d LOCATION (City, fown Bladensb	2.5
24 FUNERAL DIRECTOR'S SIGNATURE HOME.	ADDRESS		D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
-ee runerar nome.	Washington	D.C. DANIN	24 '60 Care	hur S. Krassa

VR A15 (4) 15M 9/59



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VR ATS [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

07134

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7172

1 PLACE OF DEATH O. COUN Montgomery	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived If institution b COUNTY	n. Res dence before admission) Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 1b		autside corporate limits, write RU	
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 5407 Roosevelt Stre	oddress)	d. STREET ADDRESS	osevelt St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First OTTILIA	Middle MARIA	PHILLIPS	4. DATE Month OF DEATH JUNE	-
Female 6 COLOR OR RACE 7. MARR White WIDOW!	RIED NEVER MARRIED D	B. DATE OF BIRTH Oct. 26, 1	866 9 AGE (tr. years lost birthdoy) 93 yrs	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME	KIND OF BUSINESS OR INDU		, New York	U. S.
John J. Schmitz		Johanna	Kirsh	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		os. Ruth A.	hter Phillips	Same as ITEM # 2
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost. (c)	arteri	o sclerosi	ure 3 s. neralies.	ONSET AND DEATH
PART IL. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CHIEFE THE CONTRIBUTING CAUSE OF DEATH OF CHIEFE THE CHIEFE	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease condition give	N IN PART I(0) 19. WAS AJTOPSY PERFORMED? YES NO []
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour a.m. While	La.	ACE OF INJURY (Home, for ctory, street, office bldg., et		(County) (Stote
21 1 certify that (1) (this haspital) attends saw the deceased alive an	/ .		196	3, 1962, that (1) (we) last an the date stated above
220 SIGNATURE DEFULS NO	rten	M.D PHYS K	AED STAFF DIRECTOR PHYS	22b DATE SIGNED 6/3/60
NAME (Type) ALFRED S. NOR	TON		711 Highland ethesda, Mary	
23a BUR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 6/6/60 24. FUNERAL DIRECTOR'S SIGNATURE	Oak Hill C	emetery	Fredericksb	(, , , , , , , , , , , , , , , , , , ,
Robert A. Pumphrey	Bethesda, M			netural. Thank

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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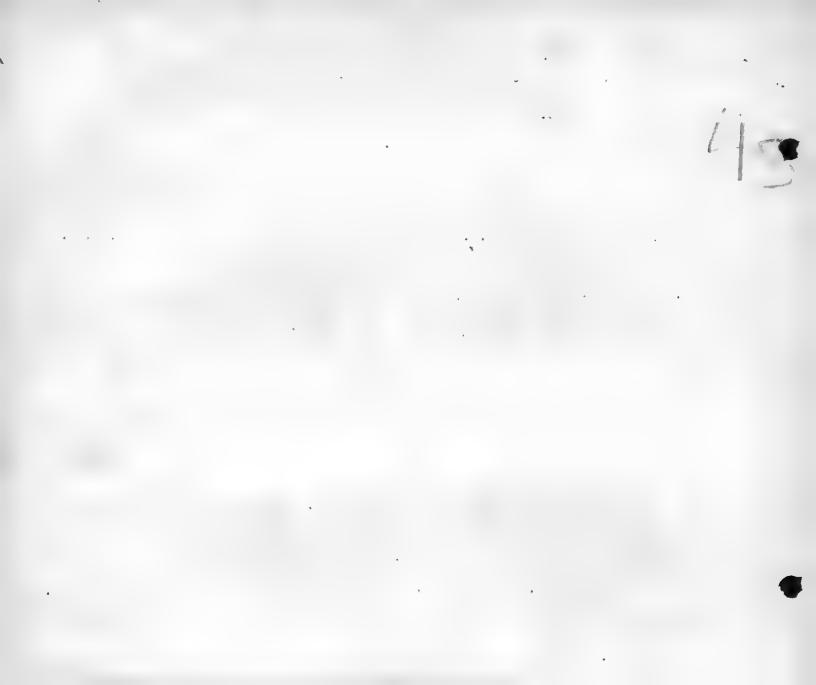
1		7174		CERTIF	ICA	TE OF D	EATH				Ué	191)
1. [Montgomer	7		MARY	LAND	2. USUAL RESIDER OF STATE		ere deceased	Flived. If instituti b. COUNTY Monto			ore admi:	isian)
1		outside corporate limi	ts, write	c LENGTH OF STAY	IN 16	C. CITY OR T	OWN (IF ou	ıtside carpo	rote limits, write R	URAL ond	give ne	arest tow	rn)
_	Bethesda	-	1	72 days		Bethe						_ 10 00	SIDENCE
1	OR INSTITUTION	AL (If not in hospital, g				d. STREET A						ON	A FARM?
_	The Clinic	al Center,		nesda ll. l Middle	vd .	5807 		X Dri	<u>Ve</u>				Year
	DECEASED (Type or print)	Dona		Lee		Putn		OF DEATH	Jun			6	19 60
	SEX	6 COLOR OR RACE	1	IED NEVER MARR!	ED 🗍	8. DATE OF BIRTI			9 AGE (In years	-	7-948		DER 24 HR
	Male	White	WIDOWE		_	May 9.	1925		lost bjrthdoy)	Months	Days	Hours	Min
)a	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. I	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPL	ACE (State o	or fareign c	ountry)	12. CI	TIZENO	F WHAT	COUNTR
	Clerk	ing me, even in terries		.S. Govern	nent	Ill	inois				U.S	. A.	•
3.	FATHER'S NAME			•		14. MOTHER'S	MAIDEN N	AME					
	John Putna				1		l Guil						
	s, no. or unknown) (R IN U. S. ARMED FOR	ervicel	SOCIAL SECURITY NO		NFORMANT Th					3.6	-	,
_	Yes	MM TT		scertainab.		ne Clini	cal U	enter,	, Betnesc	la III	7	ryla	
		TH [Enter only one co TH WAS CAUSED 8Y. IMMEDIATE CAUSE (c	-	ne for (a), (b), and (c) onic myelog	3	nd Tentro	ກຳລ				ON	SET AN	BETWEEN D DEATH nths
	Conditions, if or gave rise to in	mmediate ()										
	couse (a), stating lying couse lost.	the under-	,,										
CATION		ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DE	ATH BU	T NOT RELATED TO	THE TERMI	NAL DISFAS	E CONDITION GIV	/EN IN PA	RT 1(a)	PERF	AUTOPS ORMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DESC	CRIBE HOW INJURY O	CCURRI	ED (Enter nature a	of injury in P	ort I ar Par	t H of stem 18)				
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of wark	NJURY OCCURRED Not while	20e P	LACE OF INJURY (octory, street, office	Home, form, bldg., etc	20f (Cit)	y ar tawn)		(County)	(Sto
	saw the deceas	t (1) (this haspita ed alive an <u>Jl</u>		6 / 6 -		April 5			June 16			e state	ed abay
	22g S GNATURE	Monze	14	FUMA		ATTENDIN	36 / DII	RECTOR [STAFF PHYS			16/6	
	22c PHYSIC AN'S NAME (Type)	Emanuel S.	Hell	man, M.D.		22d. ADDR			cal Cent				U
230		N, 23b DATE THERE	F	23c NAME OF CEM					TION (City, town			-	ote)
1	REMOVAL (Specify) Burial	6/20/6	0		ton	Nation			ington,				
	FUNERAL DIRECTOR		-	ADDRESS	Ma	med and	250. RES	BY REGIS	60R 25b R60	STRAB'S	GNIC	IREA	
1	Robert A.	. Pumphre	у В	ethesda,	Ma	ryrand	DATE						

moy be rest ned by the hospital or attending physician

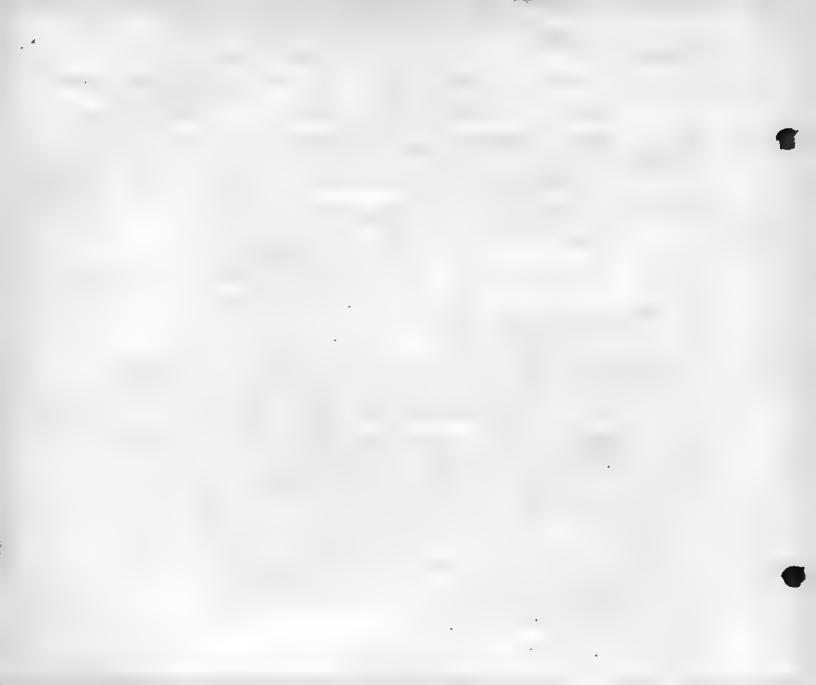
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and the state of the ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 O HOSPI

ofter deoth. Page

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND Montgomery Utah b. CITY OR TOWN (If pulside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 12 Days Salt Lake City Pethesda d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES 🗍 NO 🔀 Hospita 181 Edith Ave Suburban 3. NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) DEATH 19 Rose Litster Rasm ussen June 5. SEX 6. COLOR OR RACE 7. MARRIED 🖫 NEVER MARRIED 🔲 8. DATE OF BIRTH 9. AGE Itn years IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Hours WIDOWED T DIVORCED | yrs. White Female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) IZ. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemaker Iltah 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Litster Cunning 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9801 Broadstreet Bethesda M d. None Dr. Grant Ramussen INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Quelel DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPSY ő PERFORMED? YES 🔼 NO [warrany syndathictory under que. austres 308. DESCRIBE HOW MURY OCCURRED. (Enter nature of injury in Port or Port 1) of item 18. 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) 0. m. Not while ot work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autapsy K. Inspection , Inquiry | |. to the Chief . DIRECTOR: 1 deoth resulted from: Natural causes M. Accident J. Suicide J. Hamicide J. Undetermined couse J. DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 4-5-60 DEPUTY MEDICAL EXAMINER NAME (Type) Frank Brochart 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) Bur-Transit G Mt. Olivet 6/6/69 Salt Lake City. Utah 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) 360 Bethesda, Maryland Robert A. Pumphrey 5M 9/55



5M 9/55



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PLACE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7176 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) b. COUNTY MARYLAND Maryland Montgomery Montgomerv b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Boyds <u>Poolesville</u> d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Box 98 YES 🔲 NO 🎮 Middle 4 DATE Month Day Yeor ICHAR DSON DEATH 19 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | **B DATE OF BIRTH** 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost bythdoy) Degs 28 1866 White DIVORCED | WIDOWED 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? US Marvland 14. MOTHER'S MAIDEN NAME Unknown INFORMANT Address Harry E. Richardson-son-same None INTERVAL BETWEEN ONSET AND DEATH DUE TO

OR INSTITUTION Matthews Nursing Home NAME OF DECEASED (Type or print) S. SEX Female 10a. USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Housewife 13. FATHER'S NAME Richard Simpson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY.
JAMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the under ying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO V 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY/OCCURRED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Yeor (County) (Stote) foctory, street, office bldg., etc.) Hour D. m. While Not while at work of work p. m. Mr. 19/00that I last saw the deceased 21. I certify that I attended the deceased from ... and that death occurred at 2. A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE PHYSICIAN'S John G. Fawcett NAME (Type) 220 BUR AL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Burial Highland, Maryland б 60 St. Mark' Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR '60 Pumphrev DATE JUN arthur &

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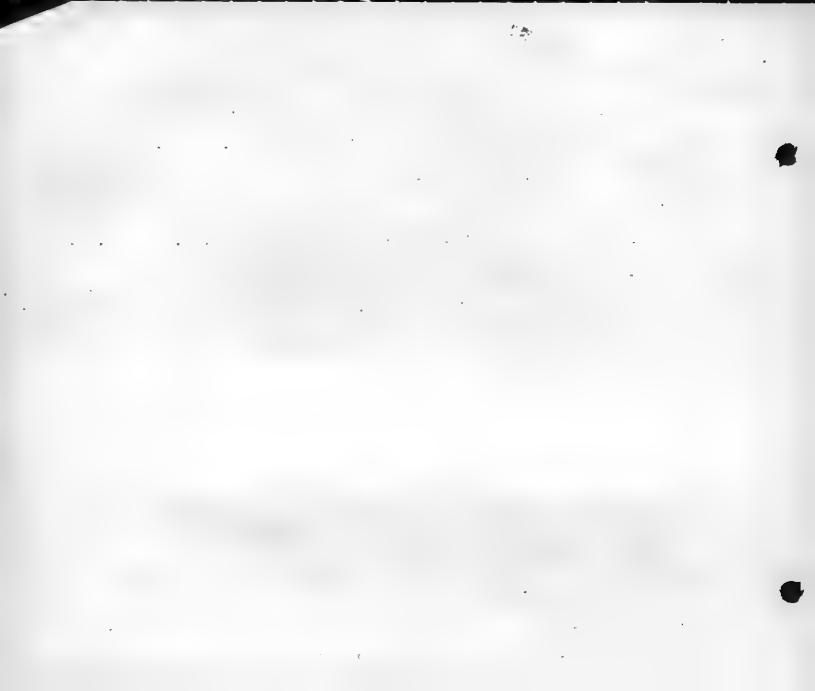
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	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington		
	d NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
		ander Home		4326 Rive	r Rd., N. W.	YES NO K
	3 NAME OF DECEASED (Type or print)	MABEL.	L. R	USSELL Lost	4. DATE Month OF June	
	s. sex Female	17.7% 5.4%	MARRIED NEVER MARRIED DIVORCED DIVORCED	Jan 3, 187	last histhday)	Months Doys Hours Min.
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	Clerk - Re	ing life, even if relired)	Gov't-Retired	Washing	ton, D. C.	U. S.
	13. FATHER'S NAME			14 MOTHER'S MAIDEN N		
	Dr. William Russell		sell	Pauline	Fleury	
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sister Address 6000 Ryland					
	No None Mrs. Pauline Hortense Roome (Bethesda, Md					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEE ONSET AND DEAT Conditions, if any, which gove rise to immediate					
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de	PART H OTH	ER SIGNIFICANT CONDITI	ONS <u>CONTRIBUTING TO DEATH</u> BUT	FNOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
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	20c TIME OF INJURY Hour o. m. p. m.		20d INJURY OCCURRED 20e. PL While Nat while found at work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21 I certify that (I) (this haspital) attended the deceased from 10 18 19 29, to 16 2 4 19 60 that (I) (we) lost saw the deceased alive on 19 2 19 19 0 and that death occurred at 18 60 from the causes and on the date stated above.					
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	22d. ADDRES P. KERR 22d. ADDRES P. KERR 22d. ADDRES . Wid-					
	23d. BURIAL, CREMATION BUFFAL (Specify)	N, 236 DATE THEREOF 6-27-60	23c. NAME OF CEMETERY COngression	nal Cemeter	23d. LOCATION (City, lown, o Washingto)	
	24, FUNERAL DIRECTOR ROBEI	TA. PUMPI	HREY Bethe sd	a, Md. 25a. REC		TRAR'S SIGNATURE



14		MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY AND 42
HEALTH DEPT.	1.	PLACE OF DEATH 7062
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lay is necessary and director. Page for your files. Board of Health	~	Talcoma Tark, A DOA Lewisdale, d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS
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ertificate L'aminer Examiner e used as	NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 19. WAS AUTOPSY PERFORMED?
ER: This ce the word Medical E should be ial, cremati	CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
XAMINE (b, writing the Chief the Page 3 lor to buri	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) While Not While fectory, street, office bldg., etc.) at work at work
7 is 50 g		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner .
of a ed a		ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNED
DEPUTY I	220	EXAMINER'S FANK J. Broschat Address (Street, city, town, or country) BURL (REMATION 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify)
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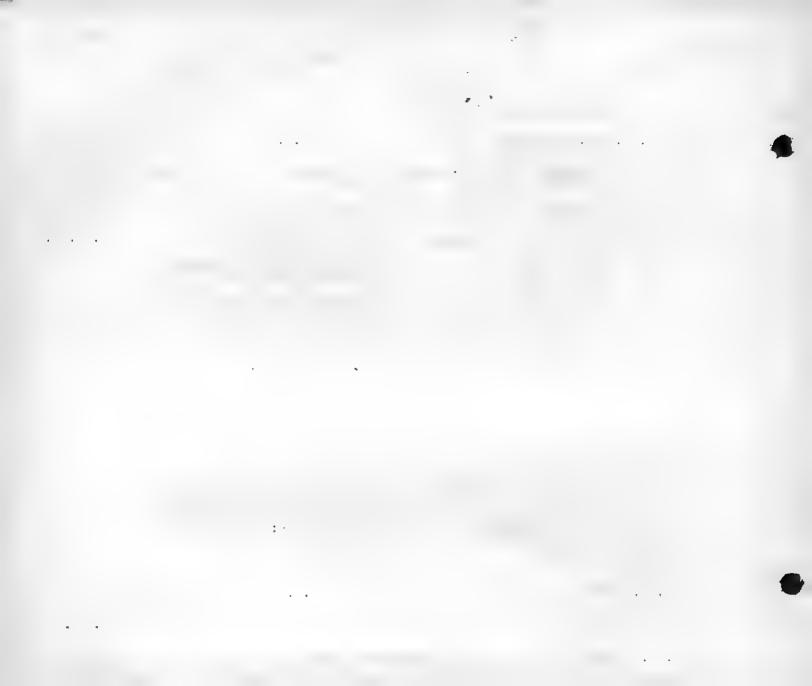


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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RURAL and give hearest lown] Bethesda (Rural) A. NAME OF Hospital (II not in hospital), give street address) A. NAME OF Hospital (III not in hospital), give street address) J. NAME OF Hospital (III not in hospital) B. DATE OF DECEASED (Itype or print) B. DATE DEATH DEATH DEATH DEATH June 11 S. SEX A. COLOR OR RACE TO MARRIED DIVORCED DIVORCED B. DATE OF BIRTH DOWN DOWNED DIVORCED DIVORCED April 25 1928 J. J. J. DATE Month DOY DEATH DOWN DOWNED DIVORCED B. DATE OF BIRTH Months Days How April 25 1928 J. J. ST. DEATH WAS CAUSE (a) The moor wanders, If you give we down of law color was downed law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you give we down of law color wanders, If you go we down	<i>y</i>											
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Male Cauc WIDOWED DIVORCED April 25 1928 32 yrs DIVORCED JSAL OCCUPATION (Give kind of work done during most of working life, even if relired) Farmer 13. FATHER'S NAME Arthur Thomas SALE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Yes 1949 - 52 Unknown Thomas SALE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, wiftch gave rise to immediate cause (o), stating the under: If you couse lost 1 Canditians, if ony, wiftch gave rise to immediate cause (o), stating the under: If you couse lost Canditians of the stationary of the st	-											
during most of working life, even if refired) Farmer Farmer Farming Missouri U. S. 13. FATHER'S NAME Arthur Thomas SAIE 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? It SOCIAL SECURITY NO IT INFORMANT Address 17. WAS DECEASEDEVER IN U. S. ARMED FORCES? It SOCIAL SECURITY NO IT INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WHILE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING Month, Day, Year 20d, INJURY OCCURRED While of work of	Min.											
13. FATHER'S NAME	IZEN OF WHAT COUNTRY?											
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Is was deceased ever in U. S. Armed Porces? 16 Social Security No. 17 INFORMANT Yes. 1949 - 52 Unknown Helene C. SALE (wife) #2 Above 18. Cause of Death [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), storing the under: Iying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 W/PEI YES 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 W/PEI YES 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 W/PEI YES 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 W/PEI YES 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wo												
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WIPER 100 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF CONTRIBUTION	cause (o), staring the under-											
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20c ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while of work 19 work 19 work 20c INJURY (Hame, farm, 20f (City or town) foctory, street, office bldg., etc.) 21. 1 certify that (I) (this haspital) attended the deceased from May 20 100, to June 11 1960, that (II)												
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21.1 certify that (1) (this haspital) attended the deceased fram May 20 160, ta June 11, 1960, that (1	(State)											
saw the decreased alive on June 11 1960, and that death accurred at 4:15, Alim the causes and an the date stat	2b DATE											
M.D. ATTENDING MED DIRECTOR PHYS.	SIGNED											
226 ADDRESS												
R. C. THOMAS IT MC USN U.S. Naval Hospital Staff												
23g BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county)	ate)											
Burlar-transit 6-11-60 Ridgeburg Cemetery Orange County, N. J.												
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE												
R. A. Pumphrey 1557 Wisconcin Ave Bethesda, Md DATEUN 14'60 Circles & trans												



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edmission) director, Page or your files. a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if author corporate limit c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate I m is, write RURAL and g(ye neerest town) d. NAME OF HOSPITAL OR NSTITUTION (if not in hospitel, a ve street address) IS RESIDENCE ON A FARM? 3. NAME OF Middle DECEASED .Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 18. AGE (In years I IF UNDER 1 YEA may 2 wit last b rthday) Months | Days WIDOWED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (State or fore.gn country) 1 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired unknown unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yesq. ve weror dates of service) IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),? PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOURS 1) PERFORATION OF COLONAND RECTUM Conditions, if any, which gave rise to immediate couse DUE TO (a), stetling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICA. 19. WAS A STORY PERFORMED? YES NO v 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.1 PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, [City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. to the et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection [Inquiry and in my opinion forwarded to DIRECTO death resulted from. Natural causes Accident Suicide Homicide Undetermined manner lease execute the cash should be forward burnered by FUNERAL DIRE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 13 NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) SHOOPS CEMETERY £40 g BURIAL 6/27/60 HARRISBURG, PENNSYLVANIA ADDRESS 246. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Krous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 15M 9/58

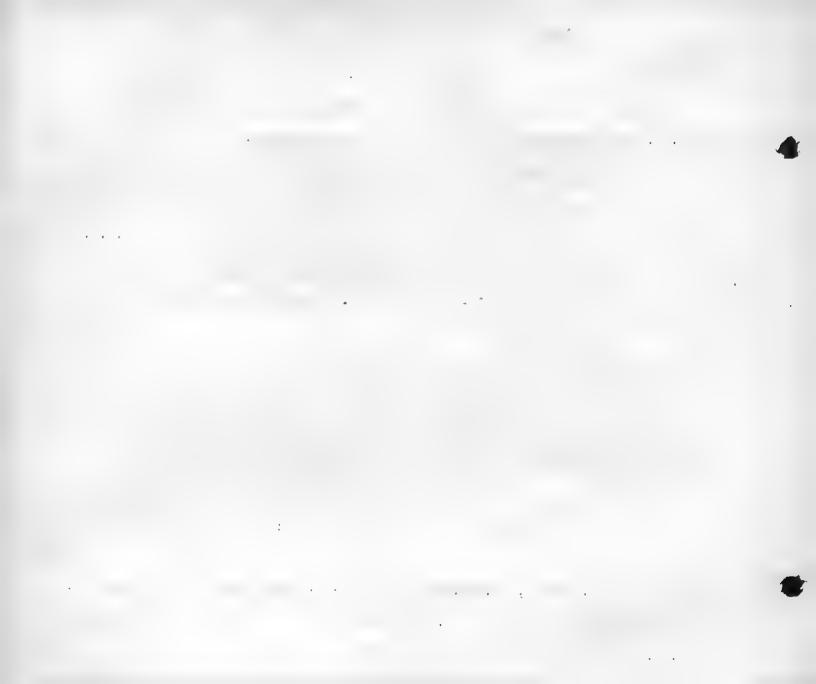


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07149 CERTIFICATE OF DEATH 7072 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission) o. COUNTY **b. COUNTY** MONTGOMER MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If outside carporole limits, write c. LENGTH OF STAY IN 16 -c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUPAL and give negrest town) YEARS CHA CHEVY CHASE ㅁ d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 4822/ MORGAN DRIVE MORGAN DRIVE YES NO TO NAME OF 3. Middle 4. DATE Day Year DECEASED ALFRED OF TTAYM (Type or print) 19 6 0 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years lost birthday) Doys Months WIDOWED IN DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STORE NORTH CAROLINA MERCHAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 103 HENDERSON FRANK SMITH Bove 4822 MERGAN DR 17. INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address MARGARET CHASE, MD NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: GASTRIC HEMORRHAGE DAY IMMEDIATE CAUSE (6) DUE TO PEPTIC ULCER, RECURRENT Conditions, if any, which gove rise to immediate **DUE TO** casse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TERIOSCLEROSIS CENERHLIZED YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Nat while of work of work 21. I certify that I attended the deceased from OCTOBER 105 JUNE .that I last sow the deceased and that death occurred at 7 PM, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE Janus Luce Bellez PHYSICIAN'S N. COALE NAME (Type) 9 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Bur-Transit Raleigh, North Carolina Oakwood Cemetery 6/ 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda. Maryland DATEJUN 3 Robert A. Pumphrey Orchar S. France 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY. a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give feerest town) hearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle Year DECEASED OF (Type or print) DEATH AGERIA YOURS IF UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Days WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Giva kind of work TOB, KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) School Muchen 13. FATHER'S NAME MAIDEN NAME Sarah Louise Gowans Wiman H. Smith 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMAN (Yes, no, or unkown) | (If yes give wer or datas of sarvica) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** (b) gave rise lo immediata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy (). Inspection Inquiry and in my opinion death resulted from. Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) aroschalt Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 7 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) ₽40 Burial Arlington Virgi 23. FUNERAL DIRECTOR Vs. A15ME Bethesda, Maryland | DATE JUN 17'60 Pumphrev arthur S. Thous 5M 7/59

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TO HOSPIL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in after death. Page 4 may be remained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remained appers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaind, and in any event, within 72 hays efter death. VR A15 (4) ISM 9/59

	o. COUNTY Montgomery	o. STATE Maryland b. COUNTY Montgomery									
		HOF STAY IN 16	CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)								
K	d. NAME OF HOSPITAL (If not in hospitor, give street oddress) OR INSTITUTION CENSINGTON Gardens Nursi	ng Hom	d. STREET A	DDRESS				ON	ESIDENCE A FARM?		
	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) V:	irginia	SOP	ER	DATE OF JEATH J	une	th 7	Day	Yeor 19 60		
$\sqrt{}$	emale White WIDOWED T	VER MARRIED DIVORCED	Jan. 5	187	75 8'	(In years birthday) yrs	Months Doy	s Hour	's Min		
L	USUA, OCCUPATION (Give kind of work done during most of working rice, even if retired)	BUSINESS OR INDU		yland	_			S.A.	COUNTRY?		
13	James S. Benson		14. Mother's Mary	_		lnuti	t				
1S (Ye	WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE		NFORMANT			Add					
_	None	; F	ercy 9	oper	5	ame	As #	2			
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	b), and (c).]	ircton	70	ilare	-			BETWEEN ID DEATH		
	Conditions, it any, which (b) Cardiae Facture 72 hrs.										
7	(c) stoling the under DUE TO Coronary Ceclusion + clay-										
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 4.										
MEDICA	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. 19 While Not while of work of work of work 19 of work 1										
	21 I certify that (I) (this hospital) attended the deceased from December 1953, to James 1960, that (I) (we) last saw the deceased alive on 1960, and that death occurred at 72M, from the causes and an the date stated above.										
	220 SIGNATURE TEACH I LOS FLES FLES F. M.D. ATTENDING MED STAFF SIGNED LOS DIRECTOR PHYS. D. LOS PHYS. D. LOS DIRECTOR PHYS. D. LOS DIRECTOR D. PHYS. D. P										
	22c. PHYSICIAN'S NAME (Type) FRANKY SACCERS Jr. 22d. ADDRESS 5707 WISCANSIN AUT CITAL STARTS										
230	DESCRIPTION OF THE PROPERTY OF	t. Johns		2	OLne		or county)	(S) Md	tote)		
24	EUNERAL DIRECTOR'S SIGNATURE ADDI			2So. REC'D	BY REGISTRAR		STRAR'S SIGNA	-			
7	nances H. Banber Layton	sville,	Md.	DATELIA	3 '60	Cat	- 1 H				



MARYLAND

c LENGTH OF STAY IN 16

PLACE OF DEATH

Montgomery

Silver Spring

RURAL and give nearest town)

CITY OR TOWN (If outside corporate imits, write

a. COUNTY

d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Gardens Hursing LeDeau 3. NAME OF Middle 4. DATE DECEASED Stafford DEATH (Type or print) Mary S SEX 6. COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARRIED White Female DIVORCED | WIDOWED 12 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Washington, D. C. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Petenia Unknown IS WAS DECEASED EVER IN L 17. INFORMANT S. ARMED FORCES? 16. SOCIAL SECURITY NO. Oliver E. Stafford 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Cerebral Thrombosis, Progressive IMMEDIATE CAUSE (o) DUE TO Cerebral Arteriosclerosis Conditions, if ony, which gove rise to immediate DUE TO cause (a), sloting the underlying couse last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 200. ACCODENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) factory, street, affice bldg, etc.) Hour a m. While Nat while al wark ol wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram._ M,D PHYS. MED. 22 PHYSICIAN'S 220. ADDRESS T. Thibadeau, M.D. Robert 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) t. Thris ำเซา คไ Flenn id ADDRESS 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR DATELLIN 1SM 9/59

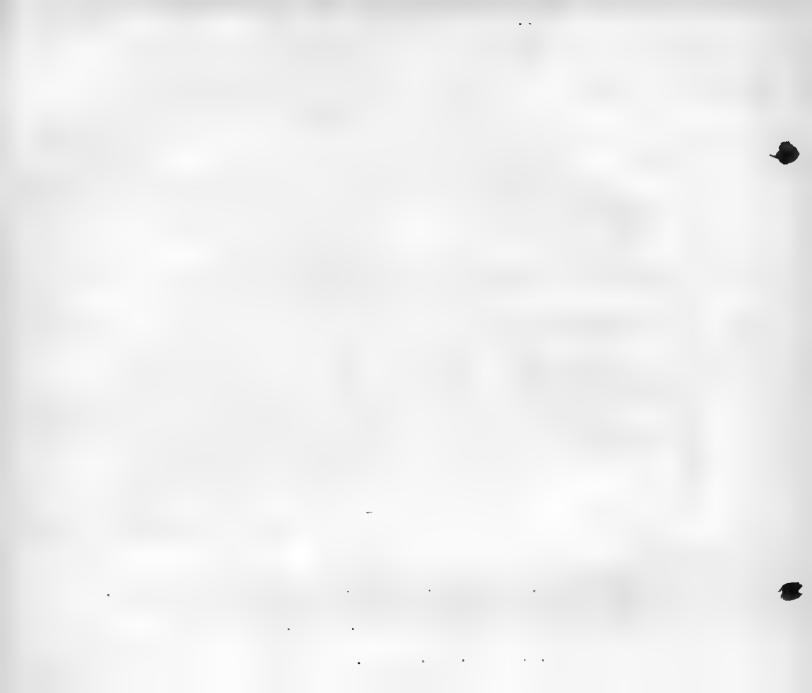
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) b. COUNTY " on to c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Chevy Chase e IS RESIDENCE ON A FARM? 9200 Jones Mills Rd. YES NO Month Day Yeor 60 June 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days 12, CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO | (County) (Stote) 1959 to June 13 1960 that (1) (we) last 60 and that death accurred at 8: 65 from the causes and an the date stated above. Concord St., Kensington, Md. 23d LOCATION (City, fawn, or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 7154 **CERTIFICATE OF DEATH** 7183 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE €OUNTY# MARYLAND b. CITY OR TOWN (If outside corporate in RURAL and after nearest town) c. LENGTH OF STAY IN 15 CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO puo NAME OF DECEASED Middle 4. DATE Day Year Month P OF DEATH (Type or print) 19 low requires that the death certificate be executed within IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years complete MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 14. MOTHER'S-MAIDEN 13. FATHER'S NAME physicion 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address ottending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ቪ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** 16 hours Conditions, if ony, which (b gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO . 20d ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) foctory, street, office bidg., etc.) Hour a. m. While Not while , 19 at wark at work p. m. ecce 1960 that I last saw the deceased 21. I certify that/1 attended the deceased fram and that death accurred at 4.20 PW, from the causes and an the date stated above. AL DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL should be SIGNATURE PHYSICIAN'S NAME (Time O FUNER C 270 SURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) poge REMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D 8Y REGISTRAR VS/A15 (4) DATE (0" 15M 9/S8 160 arthur & Klaus JUN 8



1	7-15-60 Fams 26 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ウィニー
	7065 CERTIFICATE OF DEATH	7155
firector ed with	1. PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence be o STATE b COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give a RURAL and give	
share d	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	. IS RESIDENCE ON A FARM?
ind 2	washington Santarinin at Hospital	YES NO
ithin 24 ily filled Poges 1 o	(Type or print) Strickland DEATH	20 1960
d withi	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA WILLIAM WIDOWED DIVORCED 6 / 20 / 60 YO.	AR IF UNDER 24 HRS Blaues Min
d comp paper eoth.	100. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale ar foreign country) 12 CITIZEN during most of working life, even if retired)	OF WHAT COUNTRY
9 6 6 7	13. FATHER'S NAME	
physician move cor hours afth	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (1	· ·
ing pling place rent 72 h	(Yas, no or unknown) (If yas, give wor or dotes of service) + Hospixal Records.	
deot	PART I. DEATH WAS CAUSED BY: A novia	NTERVAL BETWEEN
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ned by	Conditions, if ony, which gove rise to immediate DUE TO	
requirements on the contract of the contract o	lying cause lost. (c)	1
physic physic nos bee rial-tra novol.	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTR BUT NG CALSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
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HYSIC or att is certi	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while foctory, street, affice bldg , etc.]	ly) (Slote)
Spital spital fer thi	21. I certify that I attended the deceased from 2:25 am 6-20 19 60, to 11:15 am 6-20, 19 60, that I last	saw the decease
ENDII he ho lached buriol	alive on Juna 20 , 19, 60 , and that death occurred of 4:15@M, from the causes and an the d	date stated above
OR ATT	ACTUAL SIGNATURE (Karley K. Hughet, MD.	DATE SIGNE
	PHYSICIAN'S NAME (Type) Charles R. Hughes, M.D., 8226 Fenton Street, Silver Spring, Md.	
MOSPECTOR MOY be a constructed to the registror	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown or county)	(State)
5 5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	Maryland -
VS A15 (4) 15M 9/55	Robert Hare, M.D., Wash, San, & Hosp, Dardun 28'60 Cultur & Know	4.6
The side	2075388XV/	



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acid mat		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)
Shed Shed	1	Montgomery Maryland 6. COUNTY Montgomery
age 4 urial,	(1)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
o b		Dechesor 2 hrs.
s re ctor	17 1 .	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
dires.	1-4	Suburban Hospital 5911 Harwick Rd. YES NO
Stro 1	1	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) Dealth McMosth Charles Transfer
fund fund regi		Raiph Renaul Inches Jr. June 17 1900 "
# 유명 #		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years WUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
₹ 5 £		Male white whoweld blooked to co. 50, 1930 9 yrs.
der dag		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
fter grand and		student U.S.
1, 2 noy		13. FATHER'S NAME
hour Ses	_	Ralph McMath Tucker KKKKKX Joy Hebert
Page age	W)	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Father Address (Yes, to ser unknown) (If yes, give wor or deter of secures) NO. Palph (Type Lead of the Palph (Type
(音楽) 画/		No None Ralph Tucker 5911 Harwick Rd. Bethesda, Mc
P.M.3		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
Per Per		PART I. DEATH WAS CAUSED BY: Hernication of Brain Storm Seculation
tten h fo		DUE TO DI COL
wirl Fra		Conditions, it ony, which) 101 Cerebellax 6 clama Decolation
auld Pencil		gove rise to immediate couse (a), stating the underlying DUE TO (Crefreday) (Concerning) 2 Frances
2 C 8 S	· ·	
d O G	ethin.	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPED PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED. PERFO
endi endi		200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enjer nature of Injury in Part II or Part II of item 18 Y)
is in the second		PRIMARY ES OF CONTRIBUTING Red to CAUSE OF DEATH.
ard ard Exar	- 1	I MILLING PLACE COCK STALL THIS MAN TOWNER TO STRAY CONTRACTOR
A P P P P P P P P P P P P P P P P P P P		Hour Maile Not white Not white factory, street, office bldg., etc.)
MIN G th	,	
X STAN		21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that
AL E		death resulted fram: Natural causes, Accident [X], Suicide, Hamicide, Undetermined cause
icate the the	2	ACTUAL FIGURE & Brase hart M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
M 100		ASSISTANT MEDICAL EXAMINER (
DE Ce	A De	EXAMINER'S FAAIIR T. BADSCH 211 DEPUTY MEDICAL EXAMINER & 19(90)
DE: orwar FUNE	ē	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate)
5 2 5 5	b	Burial 6/21/60 Arlington National Arlington, Virginia
		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME(5 5M 9/55)	Robert A. Pumphrey Bethesda, Maryland DATEJUN 21'60 Only & Krous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7075 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY COUNTY. MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 Gaithersburg Gaithersburg NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Diamond Ave. Diamond YES NO 依 NAME OF Middle 4. DATE Month Yeor DECEASED OF (Type or print) DEATH 1960 WATTON June 6. COLOR OR RACE 9. AGE (in years last birthday) 5. SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NIEVER MARRIED Months Male DIVORCED [WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Plumber USA England oud bon tr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Š William Walton Jane Trwin move 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Joseph Walton-Item # None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Antenioschenotic HERRY DISEASE Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) 0 m While Not while of work of work 1958, to JUNE 16, 1960 that I last saw the deceased 21. I certify that (attended the deceased from 1744115 __, and that death accurred at 2 P M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) **DATE SIGNED** W: MONIS SIGNATURE PHYSICIAN'S NAME (Type) Gord 22b. DATE THEREO! BURTAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) /60 Lincoln Prince George Co 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) DATEIN 2 0 '60 15M 10/57 d. Though



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Health, e. STATE b. COUNTY PERSONAL STREET c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give neerest town) ŏ write RURAL and give nearest town), d NAME OF HOSPITAL OR INST TUTION (if not in hospital, give street eddless) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED (Type or print) Un years HE UNDER TYPAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED . 8. DATE OF BIRTH NEVER MARRIED brithday) | Months | Days WIDOWED -DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired 14. MOTHER'S MAIDEN NAME 48. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) (Ifyes give wer or detes of service) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (5) gave rise to immediate cause DUE TO (a), steting the undarlying 50 causa lest. PART II, OTHER SIGNIF, CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? 28 рупо CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. execute the certificate, writing Chief ന 20c. TIME OF INJURY , 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer (County) Not While factory, street, office bldg., etc.) While Hour a.m. at work at work forwarded to the L DIRECTOR: Pa prior 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 , Inspection 🔀 Inquiry and in my opinion Accident death resulted from: Natural causes Y Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) 224. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) E REMOVAL (Specify) 40 Burial Ď. Cometery | Washington | I 23. FUNERAL DIRECTOR VS. A15ME 14th. St. N.W. DATE JUN 27'60 5M 7/59 Cothur & Kraus



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that the death certificate be executed within

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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ii.		PLACE OF DEATH D. COUNTY				USUAL RESIDENCE (Wh	ere deceased		on Residenc	e before a	dmission)			
/	,	MONTGOMERY		d. STATE MARYLAND MONTGOMERY										
	k	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) OL NE Y	s, write c. LE	NGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
,	-	d. NAME OF HOSPITAL (If not in hospitol, gi	ve street oddres	s)		BOYDS d STREET ADDRESS				e. 1	S RESIDENCE			
Ĵ		OR INSTITUTION			11/			_		(ON A FARM?			
		MONTGOMERY COUNTY			Ti ,		30x 26							
		NAME OF DECEASED	1	Middle		Last	4. DATE OF	Mon	th	Day	Yeor			
		(Type or print) BEU	AH	MAY	,	WHITE	DEATH			6	19 60			
	SS	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B D	ATE OF BIRTH		9 AGE (In years lost birthdoy)			OUTS MIN			
1		FEMALE WHITE	WIDOWED	DIVORCED [SE	PT. 1. 1908		51 yrs	3410111113	Duys 116	2013			
	100	USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	one 10b, KIND	OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State	or foreign co	ountry)	12. CIT\$Z	EN OF WH	HAT COUNTRY?			
	20	HOUSEWIFE			1	MARYLAND			J.J.	S. 1	4			
	l.d.	FATHER'S NAME			14	. MOTHER'S MAIDEN N	IAME							
		ARTHUR MILLER MISSOURI EVERETT												
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORG b. no. or unknown) (If yes, give war or dates of se	ESP 16. SOCIA	L SECURITY NO. 17.	INFOR	MANT		Add	ress					
	L.				Hos	PITAL RECOR	RDS	OLNI	EY. Mo					
		18. CAUSE OF DEATH [Enter only one com- PART I DEATH WAS CAUSED BY:	se per line for	(o), (b), and (c).]	(V Dans	1			INTERVA	AL BETWEEN AND DEATH			
		IMMEDIATE CAUSE (0) 1 September 2 days.												
		Conditions, if any, which) by Chartle Vinal pepatities 3 months												
		gove rise to immediate cause (a), stating the under.												
	~~	lying couse last. (c)												
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Let Ce Let By Chapmeling To Death But Not related to the terminal disease condition given in Part 1(6) 19. WAS AUTOPSY PERFORMED? YES NOT												
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
	MEDICAL	Hour a.m. 19 While Not while of work at work at work at work												
		21. I certify that (1) (this haspital) attended the deceased from mg 2 1960, to June 6, 1960, that (1) to last												
		saw the deceased alive on 1961, and that death accurred at 0.2 M, fram the causes and an the date stated above												
		220. SIGNATURE ATTENDING MED STAFF SIGNED M.D. PHYS DIRECTOR PHYS T												
		22c PHYS-CIAN'S			5	22d ADDRESS	WELLOW [.,,, ,		•				
		G. F. MEAD	ors, Jr	. M. D.		DAMASC	US, MA	RYLAND						
	230	BLRIAL, CREMATION, 236. DATE THEREO	,	Name OF CEMETERY	OR CR	W Va	23d LOCAT	TION (City, town,	or county)	1.0	(Srote)			
	24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS/		250 REC'	D BY REGIST	RAP 256 REGI	STRAR'S SIG	NATURE				
	T	Judy Enwant Land	4912 (a. /ve.y	.W.	D.C. DATE	HINL 9	160 C	J. Una S	? Home	4			

may be recinited by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR A1S (4) 15M 9/59



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w	Ø.	-1	U	- 81

		. 000	CERTIFIC	CATE OF DEA	IH		0.6	101
1 PLACE (OF DEATH NTY MONTGOME	RY	MARYLA	2. USUAL RESIDENCE STATE MAI	Where deceased YLAND	b COUNTY		OMERY
RURA	OR TOWN (If outs'de co L ond g ve nearest town) 'AKOMA PARK		C. LENGTH OF STAY IN	P. 1	(If outside corpor		URAL ond give ne	agrest fown)
	NSTITUTION WASHI	_		d. STREET ADDRE				on a farm? YES NO
3 NAME (DECEAS (Type of	OF ED print)	First ROBERT	Middle YOUNG	lost WHITE	4. DATE OF DEATH	JU NE		19 60
5 SEX MALE		run	RRIED NEVER MARRIED WED DIVORCED [70/7/7		9 AGE (In years lost birthday) 46 yrs.	Months Doys	R IF UNDER 24 HRS Hours Min.
during	OCCUPATION (Give king most of working life, even driver	en if retired)	b. KIND OF BUSINESS OR D.C. Transit	Co. North	Stote or foreign co		U.S.	F WHAT COUNTRY?
JOHN	WHITE				ARY YOUNG			
YES	rceased ever in U s. Amknown) (If yes, Braze)	or or dates of service)		Mrs. M. Lucill	le White,		ue Ridge	AVE .
Con- gove couse lying	PART I DEATH WAS C. IMMEDIATE Course lost.	AUSED BY TE CAUSE (o) DUE TO (b) DUE TO (c)		l'inthochas		E CONDITION GIVE	1	YRZ 2-
I ≅ I OR Co	CCIDENT WAS UNDERLY ONTRIBUTING CAUSE HER, NOTIFY MEDICAL E	C dise	we	 CURRED. (Enter noture of inju				PERFORMED? YES NO
191	ME OF INJURY Month, Hour o. m. p m.	Whit		De. PLACE OF INJURY Home. factory, street, office bldg		or fown)	(County) (State
22c P	the deceased alive IGNATURE HYS CIAN'S HAME (Types)	-		om March 15 nat death occurred at ATTENDING PHYS. 22d ADDRESS 2 0 2 5			d on the dat	e stated above 22b DATE S GNEL
230 BUR A	MAL (Some fiel)	ATE THEREOF	ARLINGTON	ery or crematory NATIONAL CEME		RLINGTON	.,	(State)
24 WAY!	AL PIRECTOR'S S.GNATI	REY, INC.	SILVER SPI	RING, MD. 250	REC'D BY REGIST		STRAR'S SIGNATU	

TO HOSE IT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and so she may be an ed by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached for use as the burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

director,

rs after death. Page 4



ofter death.



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
COD STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1)716	7
FOR STATE HEALTH DEPT.	7009 Items 6,10,14,15 Film G204 6-13-60 et Reg. Dist. No. 0 10)
6 U =	7. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. COUNTY 5. COUNTY 5. COUNTY	
The second secon	b. CITY OR TOWN (I outside corporate and b, write RURAL or LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
F F F F F F F F F F F F F F F F F F F	and give negles) towa)	
	ROCKVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address) d. STREET ADDRESS To. IS RESIDEN	4CE
27700	ON A FAI YES NO	W.
e de	3. NAME OF First Middle Lost 4 DATE Month Day Year	X
or o	(Type or print) Hayes Williams DEATH June 3, 1960 19	
to to the total to	5. SEX d. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24	HKS
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	male Negro widowed Divorced None 8/10/1925 34 yrs Months Days Hours M'n	
234.9	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COURT OF WHAT	JTRY
2-2-1	Grave digger Maryland USA	
2 8 8 8 8 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	13. FATHER'S NAME	
Pod a Pod	Augustus Williams Lulu Williams (Maiden name) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	
A SECTION	[Yes, an, ar anknown] (If yes, give wor or dates af reverse)	
E S I E S	No Police Record 18. CAUSE OF DEATH [Enter only one course per line for (a), (b) and (c)]	
ong ber ond	PART & DEATH WAS CAUSED BY.	
O Sie	IMMEDIATE CAUSE (a) Hemorrhage DUE TO minutes	
Office most	Conditions, if only, which) (b) Severance of left jugular vein	
d be	gove rise to immediate couse [6], stating the underlying DUE TO	
E P	couse lost, (c)	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOI PERFORMED	SY
To day	Shot gun and stab wound in left chest	
d. od.	20a. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING CONTRIBUTION CONTRIBU	
was was ef N outd	1 77 7. 1 17 9 19	
2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20c. TIME OF INJURY Manih, Day, Year 10c INJURY OCCURRED 20c FIXTE OF INJURY (Home, form, 20f. (Cily or town) (County) (Slo Hour e.m. While Not while Injury, street, affice bldg., etc.) April	ie)
Sing Sing in or	TOTAL TOTAL TOTAL	
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in	my
oger de c	opinion death resulted from: Notural causes []. Accident []. Suicide [], Hamicide [], Undetermined monner []	
Partition of the second of the	ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGNED	,
anota de fo	ASSISTANT MEDICAL EXAMINER []	
H A A A	EXAMINER'S NAME (Type) Frank J. Broschart DEPUTY MEDICAL EXAMINER 5 6/4/60	
Les cut	220. BURIAL, CREMATION, 720 DATE THEREOF. 220 NAME OF CEMETERY OR CREMATORY 123d LOCATION (City Java, or county) . (5)(de)	
	18-4-15-60 Burial Mt. Pleasaut, Norbeck, Md.	
S. A15ME	23 EUNERAL DIRECTOR S. SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	Lar.
5M 2/57	Wather L' Suprode Rockville, Mid DATE HIN 8 '60 arthur & thomas	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fixed, If institution) Residence before edmission) necessary, ector, Page e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest fown) d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street/eddress) n. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED (Type or print) DEATH 5. SEX last buthdey) AGE IN YOURS | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED J NEVER MARRIED Months | Days WIDOWED DIVORCED SUAL OCCUPAT ON (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dony during most of working life, even if retired) Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME , 16. SOCIAL SECURITY NO. 17. INFORMAN S DECEASED EVER IN U.S. ARMED FORCES? (Yes) To, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1/8], 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2Da EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Part f or Part II of ilem 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c, TIME OF INJURY Month, Day, Yee: | 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection k. Inquiry k. and in my opinion Accident death resulted from: Natural causes V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE should be fo DEPUTY MEDICAL EXAMINER Whosehart Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) [Stale) REMOVAL (Spec fy) GATE OF HEAVEN CEMETERY MONTGOMERY COUNTY, MARYLAND 6/11/60 BURIAL 940 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME WARNER E. PAMPHREY INC. SILVER SPRING, MD. arthur S. Thous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



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requires that the death certificate be executed within 24

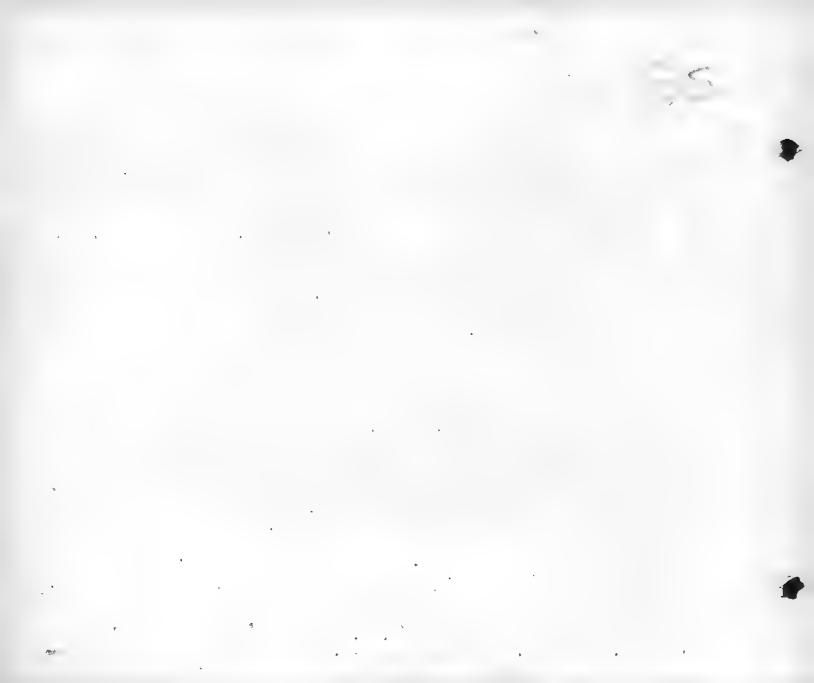
physician.

cert.ficote

TO FUNERAL DIRECTOR:

retained

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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n. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived IF instit b. COUN	TY www.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethe saa	c LENGTH OF STAY IN 16	e city or town (if o	,	e RURAL and give nearest town)
d NAME OF HOSPITO 2000 WITS CONS OR INSTITUTION 9200 WITS CONS Congressional Manor	fh Avenue r Sanitarium	d. street address 3823 Vos	zey Street	N.W. S RESIDENCE ON A FARM? YES NO W
3 NAME OF DECEASED (Type or print) Lola	Middle E	Wood		one 24 Doy Year 60
Female 6. COLOR OR RACE 7 MAI	RRIED 🔀 NEVER MARRIED 🗌	4/5/1885	9. AGE (In year lost birthda)	r) Months Days Flaurs Min
10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired) At home	. KIND OF BUSINESS OR INDU	Washing to		U.S.A.
William Boarman		14. MOTHER'S MAIDEN N	ainable	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no. or unknown] [If yes, give war or dates of service]		eorge E. Woo		Address
PART II. OTHER SIGNIFICANT CONDIT ONS	temiplegia, Typertensis Tenicscleri	15/5/2/ AC	ril, adva	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-EXAMINER)	SCRIBE HOW INJURY OCCURRE	r	Port I or Part II of item 18)	YES NO
Hour o. m. Whil		ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(County) (State
21 I certify that (I) (this haspital) after saw the deceased alive an IIIIII (220 SIGNATURE) 220 PHYS CIAN S NAME (Type) STEWATT (death accurred at		24, 1960, that (I) (we) los and an the date stated above \$\frac{22b}{6}\text{ DATE} \frac{5}{6}\text{ CNEI} \frac{6}{2}\text{ 4}\text{ BO} \frac{6}{2}\text{ A}\text{ BO} \frac{6}{2}\text{ A}\text{ BO} \frac{6}{2}\text{ BO} \frac{6}{2} B
230. BURIA., CREMAT ON, 236 DATE THEREOF BURIAT 6/27/60	23x NAME OF CEMETERY OF Glenwood	Cemetery	Washing to	n.D.C.
The S.H. Hines Co 20	901 14th St.	N IN		EGISTRAR'S SIGNATURE LICENA & HOMA

TO HOS VR A1S (4) ISM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) a. COUNTY necessary, ector, Page a, STATE b. COUNTY 65. MARYLAND b. CITYLOR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR TOV director. da corporate limits, write RURAL and give nearest town; . IS RESIDENCE ĝ not in hospital, give street eddress). ON A FARM? State B YES NO 3. NAME OF Middle DECEASED (Type or print) aff GE (In years | IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 2 wit les birihday) Months i Days WIDOWED | DIVORCED 1 106. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) School MOTHER'S MAIDEN NAME U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMAN (Yas, no, or unkown) | (If yas giva wer or detas of service) None 18. CAUSE OF DEATH [finiar only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dudde DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(11), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS' PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, Mail While 1 factory, street office bldg., etc.) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or lown) (State) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K. Inquiry 🔣 and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER M NAME (Type) USChest Address (Street, c.ty, town, or county) 22a, BURJAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) June 7,1960 Mount Olivet Cemetery Frederick. Maryland Ø40 Burial 24a. REC'D BY REGISTRAR (24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME arting & Kroug M. R. Etchison & Son, Frederick, Maryland 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

·: Cm

30	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	7189 CERTIFICATE OF DEATH Reg. 0.7169
6.44	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) a STATE D. C. b. COUNTY MARYLAND
shauld be fill	b. CITY OR TOWN (If autside corporate limits write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town)
>0	d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION OR INSTITUTION ON A FARM YES [] NO [
e č	3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF
d campietely filled in popers. Poges 1 a death.	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF JNDER 24 H YEAR IF JNDER 24 H (1874) WIDOWED DIVORCED AC 9 14 1874 9 AGE (In years IF JNDER 1 YEAR IF JNDER 24 H (1874) Months Doys Hours Min
and camp bon poper r death.	10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) MERCH ANT
us de la	13. FATHER'S NAME
ding physican dse rem e car sin 72 oug affe	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (You, no, or unlindium) (If yes, give wor or dates of service) NONE FANNIE WORONOW TOY6-7-N W
the offer Then ple event with	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CITIC TO COROLLO THE CONTROLLO THE CONTROLLO THE CONTROLLO THE CONTROLLO THE CONTROLLO THE CAUSE (a) DUE TO
signed by	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. (b) DUE TO
te has been s burio:-transit removal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPPERFORMED? YES \(\sum_{1} \) \(\sum_{2} \) \(\sum_{3} \) \(\sum_{4} \)
a 9 6	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I as Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cert	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a. m. While Not white of work of work of work of work with the of work
R: Atter th oched for burial, cre	21. I certify that I attended the deceased from June, 1938 to June 7996 that I last saw the decease alive an June 12, 1960, and that death accurred at 2,450M, from the causes and an the date stated about
DIRECTOR: A	ACTUAL SIGNATURE ACTUAL
	PHYSICIAN'S BENJAMIN P. LAFSKY
5 to 2	
Poge 3	22d BURIAL, CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ROMOVIAL (Specify) 47 8 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



e. IS RESIDENCE

Day

Doys

ON A FARM?

YES NO IK

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES 🖂 NO

> > (State)

DATE SIGNED

(State)

60

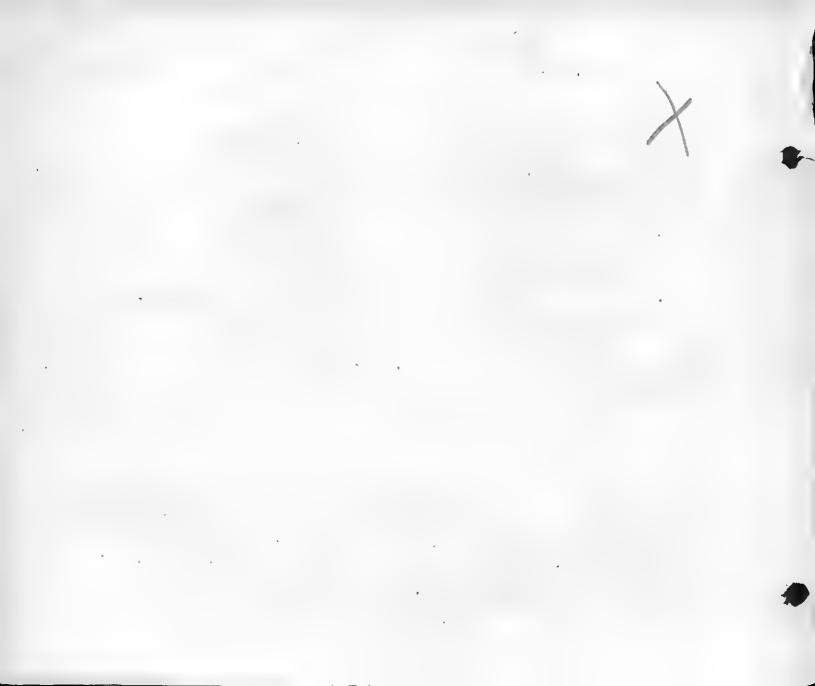
the funeral ashauld be fil in bu filled a completely filled law requires that the death certificate be executed within eath gug pour carbo physician гетаче attending (ă permit P 6 been si physician burial-transit certificate AL DIRECTOR: / hauld be detach Ö FUNERAL 0

VS A15 (4)

15M 9/58

director,

filed



e. IS RESIDENCE

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

YES NO T

.__, that (1) (we) last

22b, DATE SIGNED

(County)

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

25a. REC'D BY REGISTRAR DATE JUN 2 8 '60

(State)

ON A FARM?

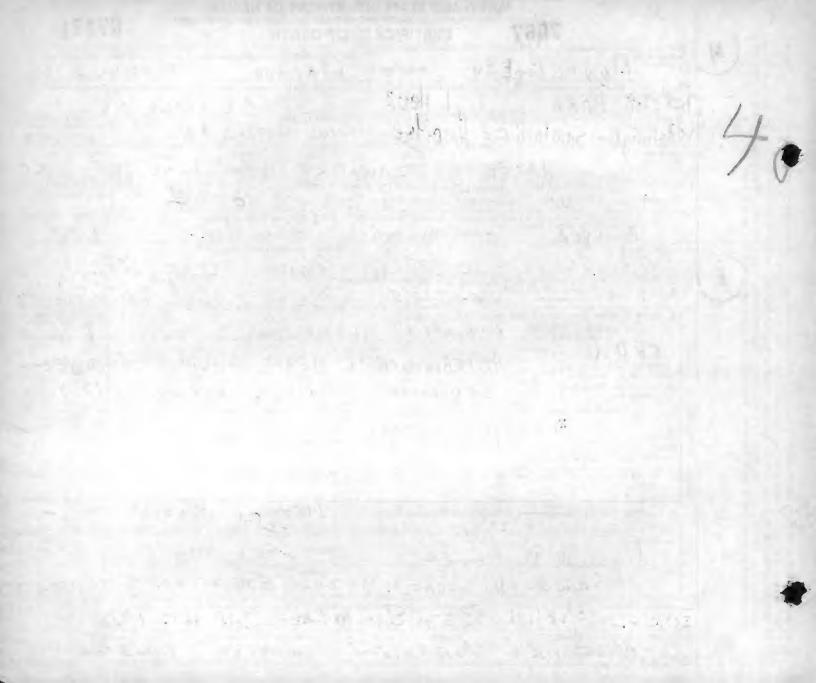
YES NO NO

Year

1960

VR A15 (4) 1SM 1/59

24. FUNERAL DIRECTOR'S SIGNATURI



after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

by the haspital or attending physician

etained

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

